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LICENSED TO CARE:
An Executive Report
on the
New Nurse

New England Region

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An Executive Report on the New Nurse

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Division of Research

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PREFACE

Licensed to Care: An Executive Report of the New Nurse is the culmination of an extraordinary effort to capture and present the exemplary experiences of the nation's newly licensed nurses. In response to the urgent need for accurate data on the nursing supply, the National League for Nursing has taken the lead in analyzing the current condition of America's contemporary cohort of new nurses by conducting the survey of newly licensed nurses. The study was designed to collect information that can be effectively utilized by nurse executives in recruiting and retaining registered nurses. It offers in-depth data necessary to ascertain their demographic characteristics, to assess their employment experiences and evaluate their educational backgrounds.

The strength of the study and the resulting data is based on its sound methodological approach. First, the sheer number of respondents, over 28,000 new RNs, assure statistically significant data. Additionally, the excellent national and regional response rates guarantee that the data are comprehensive and reliable.

Many individuals at NLN were involved in the coordination, design, and production of the study and its resulting publications. Special thanks are due to Kathy Kaufman and Jill Hodge, Research Coordinators, for their contributions in data analysis and graphics.

Peri Rosenfeld, PhD
Vice President
Division of Research

Section 1
Executive Summary

EXECUTIVE SUMMARY

INTRODUCTION

The Nursing Shortage: How Do New RNs Fit In?

Recent developments have forced employers of health care professionals, policymakers, and the public to seriously evaluate and understand the status of nursing within the changing health care climate. Greater emphasis on cost containment, the scarcity of nurses and other providers, and the mushrooming of out-of-hospital health care delivery are just three major transformations that are responsible for the current focus on nurses in the health industry.

The key words in modern health care are cost containment and home care and nursing is a primary component for the success of both. While nurses are at the center of change they have not always been involved in providing the solutions. The current nursing shortage has altered that situation and thrust nursing into a new role within the health care system

More importantly, the recent nursing shortage has sent a strong message to the health care industry and others that nursing is a scarce resource whose numbers cannot be taken for granted. Indeed, despite consistent increases in the *supply* of RNs, the health care system continues to demand more.

The solution to the shortage is not the *numbers* of nurses but the *proper utilization* of nurses. Nurses are already the largest group of health care providers with over 2 million RNs in the contemporary supply. When RNs are treated as autonomous professionals and not required to perform tasks that are best undertaken by paraprofessional or other health care workers, the number of RNs required for proper care is diminished. In other words, the shortage is the result of increased demand for RNs, and that increased demand is the result of inappropriate utilization of RNs by their employers. As the Secretary's Commission on Nursing concluded,

> ". . . the current nurse shortage is primarily the result of a rapidly-increasing demand for RNs. Some of this increased demand for RNs is a rising because health care delivery organizations are compensating for reductions in non-nursing staff, both clinical and non-clinical—as well as in other categories of nursing personnel . . . These recommendations call for the provision of adequate support services for nurses,utilization of the most appropriate mix of nursing personnel . . . and improvement in the internal management of nurse resources . . . ." (Secretary's Commission on Nursing, 1989).

The future outlook for health care, therefore, is related to the future of nursing, and the brightest signpost for the future is the newest crop of RNs. This cadre of new licensees provides us with a window to the future of nursing and health care. *Licensed to Care: An Executive Report of New Nurses* was designed as a tool for administrators to help them better appreciate the experiences, attitudes and characteristics of the new nurse. The data contained in this report will assist in planning for the contemporary and future demand for nurses. Because each geographic region is unique in terms of its demographic and economic characteristics, each volume of *Licensed to Care* will focus on one census region as it compares to the national perspective.

Research Design and Response Rate

In March 1990, eight months after obtaining RN licensure, all newly licensed registered nurses were sent a survey to identify their demographic characteristics, assess their educational background, and examine their employment experiences. Prior to sending the survey to the field, each state board of nursing except New Hampshire and Hawaii granted permission for the release of the names and addresses of their new licensees to the National League for Nursing

After three mailings a total of 28,147 completed surveys were received representing an excellent response rate of 64% nationwide. Response rates for the individual states varied from a high of 76% in Maryland and New Jersey to a low of 52% in Alabama. Among the largest states—New York, California, Illinois, Texas—response rates fluctuated in the high 60% range. In view of the fact that these response rates reflect the **universe of new RNs and not a sample**, these figures are extremely respectable and confirm the reliability and validity of these data.

Educational Profile of the Newly Licensed Nurse

A Short History of Nursing Education Programs

The history of nursing education is replete with struggles between those who argue that the proper setting for nursing preparation is in institutions of higher learning and those considering the hospital the appropriate place for nursing education. The trend toward college preparation has triumphed as evidenced by the decline in numbers of diploma programs and the spiraling surge in associate degree and baccalaureate programs. Despite the cyclical nature of nursing shortages, there has been continual growth in the *number* of educational programs for nurses with the current figure hovering around 1,450.

Type of nursing education and geographic location are the two most powerful variables in explaining differences among nurses in general and new RNs in particular. Historically the newest form of nursing education, associate degree programs now comprise the majority—over 60%—of nursing preparation programs in America. Diploma programs, which predominated for most of nursing's illustrious history, are now the minority—less than 10 %—while the proportion of basic baccalaureate programs has remained essentially stable at about one-third of the total throughout the last century.

The Significance of Nursing Education Programs

The ratio of associate degree programs vis a vis diploma and baccalaureate programs varies from region to region. It is noteworthy that the remaining number of diploma programs are concentrated in the north eastern portion of the nation and the number of associate degree programs grows as one moves westward. The proportion of basic baccalaureate programs is highest in the New England region and hovers around the 30% mark in all other locations.

In regard to educational preparation, the cohort of recent graduates is *not*, however, a mirror image of the current nursing supply. According to the *1988 RN Sample Survey* conducted by the Department of Health and Human Services, diploma graduates comprise approximately 40% of the nation's nursing supply, associate degree graduates represent 25% and baccalaureate,25%. In the *1977 Sample Survey*, 67% of the supply was prepared at the diploma level, 11% at the associate degree level, and 18%,baccalaureate. This confirms that the growth in associate degree programs is having an impact on the general supply.

Another significant characteristic emerges in understanding the educational backgrounds of new RNs. A greater proportion of the contemporary cohort has had experience in the health care delivery system prior to RN licensure. Almost one-third of the new RNs had practiced as licensed practical/vocational nurses, and a significant percentage of these individuals *returned to their previous employer as RNs*. A closer look at these data reveals that over 40% of the associate degree graduates had previously practiced as LPN/LVNs, almost 20% of the diploma graduates had previous LPN/LVN experience and less than 10% of the baccalaureate alumni were previously LPN/LVNs.

The implications of these data are noteworthy for several reasons. First, it is evident that RN licensure is a measure of career mobility for many already employed in the health care system. For the nursing executive this suggests that continuing education can be a powerful factor in retaining exemplary employees working as paraprofessionals. These individuals already acclimated to the institution and its unique milieu usually return to repay their employers with many years of dedicated service. Second, as a recruitment strategy, nursing educators may target LPN/LVNs as potential students in their programs.

Advancement of LPN/LVNs to RN licensure offers interesting opportunities and challenges to both the executive and the employee. Many new nurses who took the time to write us were new RNs who were previously employed as LPN/LVNs. They voiced concerns about the loss of seniority when they became RNs. Often they were forced to work undesirable shifts, and their salaries were only nominally better than they had been as LPN/LVNs. Most often they protested the treatment they received from their new colleagues who, remembering them as paraprofessionals, questioned their capabilities as RNs. In short, executives must be aware of both the positive and negative aspects of advancement from LPN/LVN to RN.

The Many Faces of Newly Licensed Nurses

Data on the demographic characteristics of the newly licensed nurses are perhaps the most vital information needed to recruit and retain employees. Variables such as marital status, presence of dependent children, and age all have important implications relative to scheduling, activity status, and the desirability of child care as possible benefits at your institution. Understanding the potential applicant pools from which your new nurses are recruited will place you in a better position to offer the benefits and working environment that are most attractive to today's new nurses.

While associate degree graduates predominate among the contemporary cohort of new RNs, it is important to note that the trend toward associate degree education has profound implications for the future supply of nurses. Associate degree graduates are demographically different from their diploma or baccalaureate counterparts. Most significantly, associate degree alumni are more mature with an average age of almost 34. The typical diploma graduate is approximately 29, and the average baccalaureate graduate is 27.

Not surprisingly, age is related to marital status and the presence of dependent children, and indeed, the majority (over 62%) of new RNs coming from associate degree programs are married and over half have dependent children at home. The comparable figures for diploma graduates show that about equal numbers are married and single, and one-third have children at home. The baccalaureate-prepared new RN is most likely to be single (57%) and childless (80%).

The overwhelming majority of new nurses are white females. Nursing remains the archetypical women's profession with over 94% of its members being female, and there is little variation among the geographic regions. While a large majority (over 90%) of new RNs are white, great variation exists throughout the nation. The largest proportion of blacks is found in the South Atlantic and East South Central regions, and the largest groups of Hispanics, Asians, and American Indians are located in the Pacific region.

Employment Patterns Among New Nurses

Supply and Demand for New RNs

The recent nursing shortage has fostered some damaging myths about the nursing profession. Claims are made that nurses are fleeing from the bedside or quickly "burn out" and seek other careers. Empirically these claims are false for both the general supply of nurses and particularly for the cohort of new RNs. Almost a year after graduation, 98% of new RNs are employed in nursing suggesting strong commitment to the profession. Moreover, the majority of the 2% that are not employed in nursing are voluntarily unemployed because of family obligation or continuing education. It is noteworthy that after almost a year of experience, the majority (81.5%) of new RNs are still employed at their first nursing job.

Several indicators confirm that the demand for new nurses is extraordinarily high. First, a great majority (63%) of new nurses state that "many jobs" were available when they were job hunting. An additional 11% took jobs at the site of their clinical preparation and hence did not job-hunt at all. In a similar vein, over 82% of newly licensed nurses accepted positions *before graduating* from nursing school indicating that early recruitment of senior nursing students is a successful strategy. Indeed, 97% of new graduates found jobs within three months of obtaining licenses.

Employment Profile of the New RN

Despite the rapid growth in home and community health, the vast majority (92%) of new RNs are employed in acute care settings. Just under 4% are employed in long-term care, 2% are working in community/public health, and the remainder hold positions in ambulatory settings such as schools and physician's offices.

Regardless of employment setting, the great majority (85%) of new RNs are working full-time. Even among those working as school nurses or in physicians offices, over three-fourth are considered full-timers. In view of the fact that many have dependent children living at home, these data are impressive reminders of their commitment to nursing.

What attracts a new RN to a particular position? A significant proportion (30%) state the "ability to practice in my chosen specialty" as the number one reason for choosing their current job, and 29% took their present job because of "prior experience in the institution." These data document that new RNs are career-minded and committed to the nursing profession. New RNs seek employment that offers them the practice *they* want, and often they build upon prior experiences to achieve higher status. In short, these newly licensed nurses are not taking the first job they encounter; they are educated, ambitious individuals seeking positions that permit growth and professional satisfaction.

Despite conventional wisdom that nurses are primarily motivated by money, only 11% claim that "salary" was the primary reason for choosing their current position. In fact, "salary" ranked very low on the scale behind "reputation of the institution" and "location".

Starting salaries for nurses vary considerably by region. While the national average for full-timers stood at $25,089 at the completion of the study, the highest average salaries were reported in Connecticut ($32,032), Alaska ($30,102) and New Jersey ($29,277). The lowest mean full-time salaries were reported in North Dakota ($20,282), South Dakota ($20,447), and Iowa ($20,903).

Factors Associated with Job Satisfaction

An astounding 80% of newly licensed nurses claim satisfaction with their current jobs, and almost 50% of them attribute their satisfaction to "working in desired specialty." An additional 25% cite "salary/benefits" as the primary source of their satisfaction.

It is noteworthy that job satisfaction is high among all demographic groups. Some variation, however, does exist. For example, among the different racial-ethnic backgrounds, 80% of the American Indians and Hispanics expressed satisfaction with their current employment, while only 69% of the blacks reported satisfaction. Another interesting finding indicates that rates of satisfaction decrease *slightly* with age. In other words, the younger newly licensed nurses, below age 24, express somewhat greater satisfaction than their older counterparts. Job satisfaction is virtually equal regardless of marital status and presence of children.

A significant plurality (44%) of those dissatisfied with their current position state "poor working conditions" (which include forced overtime, mandatory rotation, etc.) as the primary source of their discontent. "Inadequate salary" ranked second among the reasons for dissatisfaction (31%) and "unsatisfying staff relations" is a very close third (29%).

Indeed, there is some relationship between salary and satisfaction. Those reporting "salary" as their primary source of satisfaction are on average earning more than the other satisfied nurses: $26,513 compared with $25,352. In addition, those stating "inadequate salary" as their primary source of dissatisfaction report lower earnings than other discontented newly licensed nurses: $22,716 compared with $24,305. In short, while salary *per se* is not necessarily the most frequently cited source of satisfaction, it is a good predictor of job satisfaction.

Adequacy of Orientation

Perceived adequacy of orientation engendered some important results, and many respondents chose to remark on their experiences. In general, almost half of the newly licensed nurses evaluated their orientation as excellent or very good. An additional 27% assessed their orientation as good, 15% fair, and 6% poor. Approximately 3% claimed they received *no orientation* at all.

A rigorous content analysis was performed to categorize and analyze the qualitative, i.e., descriptive, data provided by respondents. Assessments of orientation fell into several global categories including: (a) the amount of time devoted to orientation, (b) the staff assigned to orientation, (c) the performance of the preceptor, (d) the amount and quality of the clinical and classroom training, and (e) organization of the orientation program.

Positive evaluations (e.g., "excellent/very good") were most strongly related to the sufficient amount of time devoted to orientation with over 55% of the respondents stating this. Over one-third of the respondents claimed that the performance or abilities of their preceptor contributed to their successful orientation. Smaller groups of new RNs considered their orientation excellent or very good because of "good courses/classroom training" (16.5%) and "good co-workers" (18.5%).

As one might expect, those newly licensed nurses who evaluated their orientation neutrally or negatively ("good/fair/poor") were most likely to assert that the amount of time devoted to orientation was insufficient

(36.5%). "No preceptor/poor preceptor" and "did not learn what I needed" tie for second place among the chief reasons for negative evaluations of orientation.

Closer analysis reveals that the majority of those who received no orientation at all were previously employed as LPN/LVNs. It was this group that was most vocal about their feelings. These new RNs objected to the attitude their administrators seemed to have about them, i.e., an LPN/LVN is already a nurse who needs no special orientation to the RN role.

The growing group of LPN/LVNs advancing to RN licensure presents an instructive illustration of how important it is to clearly distinguish the functions of professional, registered nurses vis- a-vis the technical practical nurse. It is neither desirable nor appropriate to consider the RN as interchangeable with the LPN/LVN. As described above, it is this attitude that "a nurse is a nurse is a nurse" that has contributed to the recent nursing shortage. RNs should not be performing those tasks associated with LPN/LVN licensure and vice versa. It is illegal and the staff resents it.

Adequacy of Nursing Education

A good measure of the success of an individual nursing educational program is how well graduates feel they were prepared for their current employment. A large majority (approximately 90%) of newly licensed nurses from all types of nursing educational programs responded that their classroom experiences prepared them adequately for their current position. While the overall majority responded positively in regard to adequacy of clinical preparation, some variation among the graduates of the different types of educational programs does exist. Over 90% of diploma graduates responded that their clinical preparation was adequate, while smaller groups of associate degree (73%) and baccalaureate (69%) graduates responded affirmatively.

These findings, while disturbing, are not unique. In previous studies of newly licensed nurses, baccalaureate graduates have consistently reported lower rates of satisfaction with their clinical experiences than the graduates of other programs. In an effort to explain this trend, the NLN Division of Research conducted a special study of clinical preparation at the nation's nursing schools in 1989. According to the findings:

> ". . . the issue of professional expectations and the influence of educational philosophies are certainly playing a role in these responses. For if BSN students are educated to perceive themselves as autonomous health care workers in community or public health care, those individuals may feel constrained by the bureaucratic, hierarchical structure of a hospital. And, though new BSNs often choose hospital employment, the dissonance they experience may be so powerful as to affect their perceptions of the adequacy of their education." (Rosenfeld and Kaufman, 1990)

Summary and Conclusion

The findings of the survey of newly licensed nurses offer a wealth of information on the demographic characteristics, educational backgrounds and employment experiences of the nation's newest RNs. There is little doubt that these men and women have entered nursing at an extremely turbulent period when shortages, cost containment efforts, and dislocation within the health care delivery system are rampant. Add to this the "graying of America," the AIDS epidemic and the plethora of health care problems associated with poverty and homelessness, and one recognizes that new nurses must possess a strong commitment to equitable health care and the public good.

As enrollments to nursing schools improve and fear of continued shortages subside, it is time to evaluate some of the strategies recently adopted to recruit and retain nurses to educational programs and to the practice settings. The astronomical growth in associate degree graduates presents both promise and dilemmas for nursing administrators. Clearly, the more mature, married associate degree student is as dedicated to full-time employment as are her diploma and baccalaureate counterparts. Age, however, does affect length of time in the workforce—the older the new graduate the fewer available years in the labor force. It is too soon to tell if this will have a significant impact on future supply.

It is vital that executives appreciate the consequences associated with the influx of LPN/LVNs into RN posi-

tions. No doubt LPN/LVNs are appropriate and desirable candidates for RN licensure. However, the transition from one to the other must not be taken for granted. In areas such as job satisfaction and attitudes toward job orientation, for example, those previously employed as LPN/LVNs expressed displeasure with the treatment they have received.

Clearly, the new crop of RNs are career minded, ambitious individuals committed to patient care and the profession of nursing. They choose positions that offer the ability to work in the specialty *they* desire not just what the institutions demand. They work full-time even if they have small children at home. They are often individuals who have had previous experience in health care and are now building their careers as professional nurses. They are nurses who are serious about health care—it's high time that the health care system recognize and reward them.*

Peri Rosenfeld, PhD
Vice President
Division of Research

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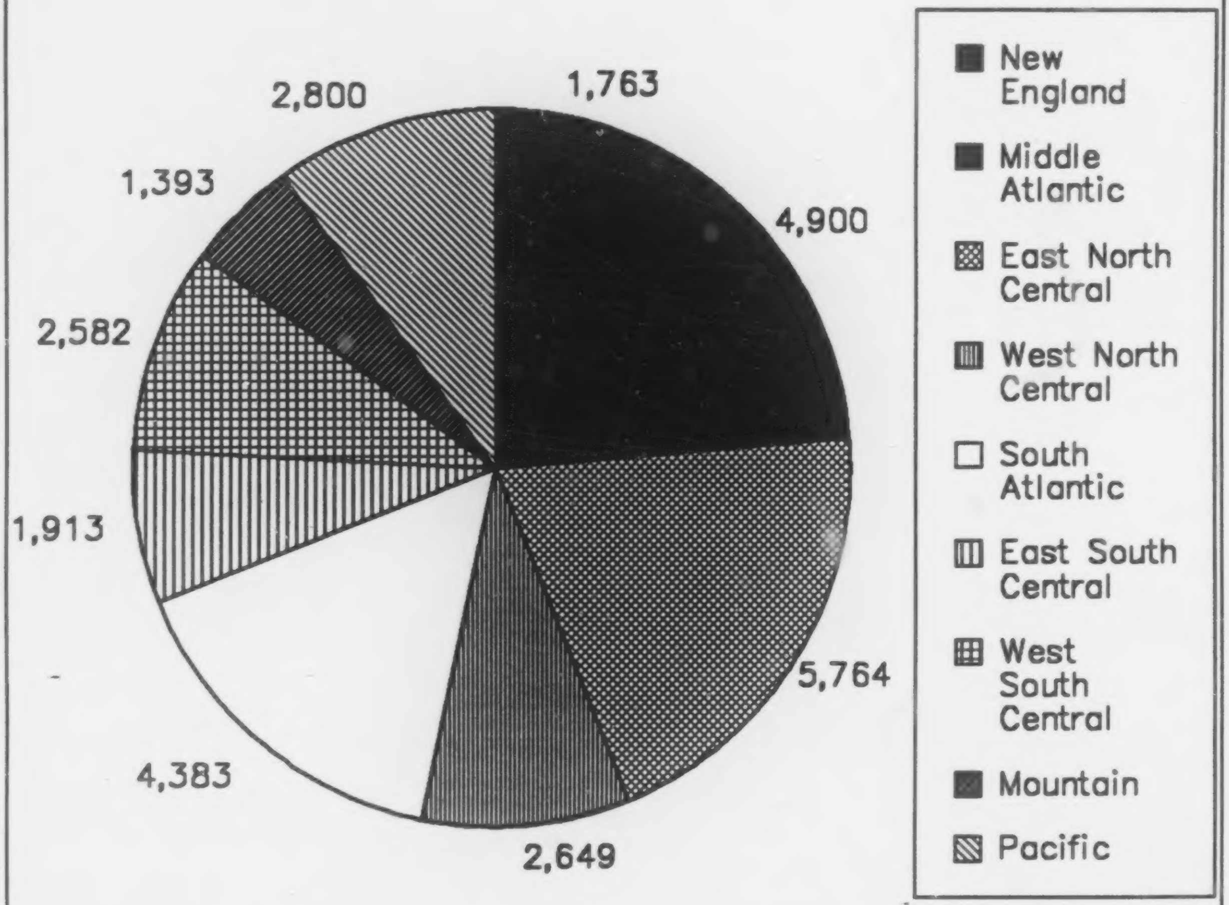
Section 2
Graphs

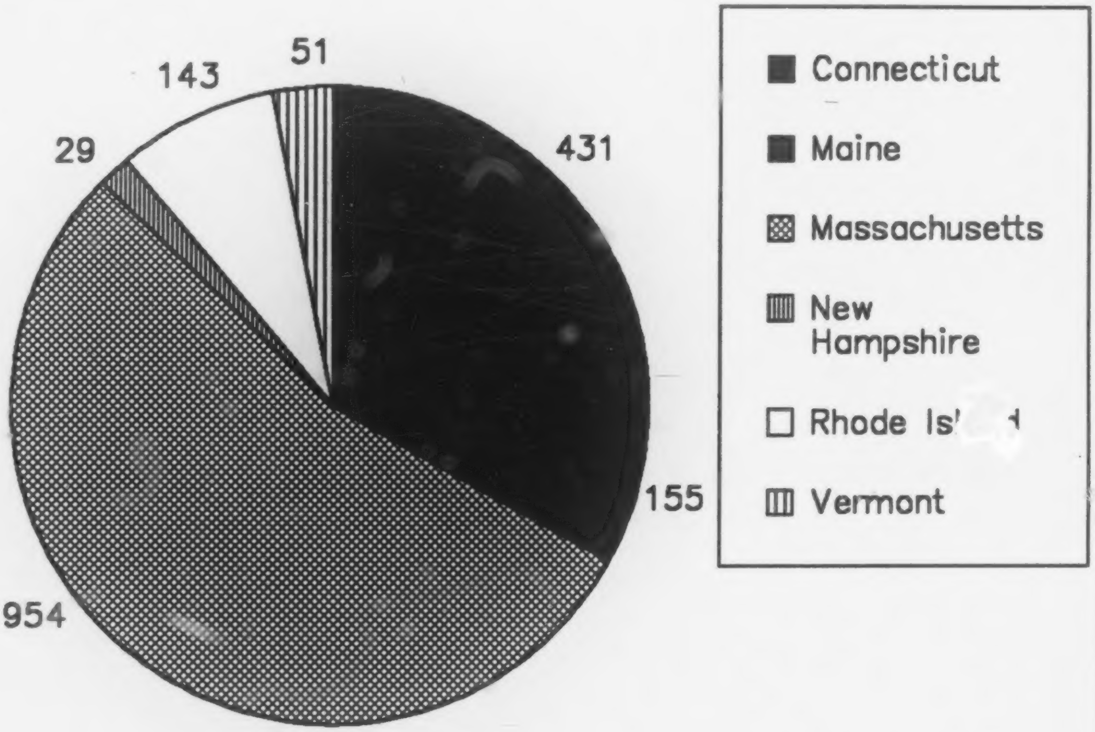
TOTAL NUMBER OF NEWLY LICENSED NURSES

The greatest number of newly licensed nurses reside in the East North Central states (5,764) followed by the Middle Atlantic (4,900). The smallest percentage currently live in the Mountain region (1,393).



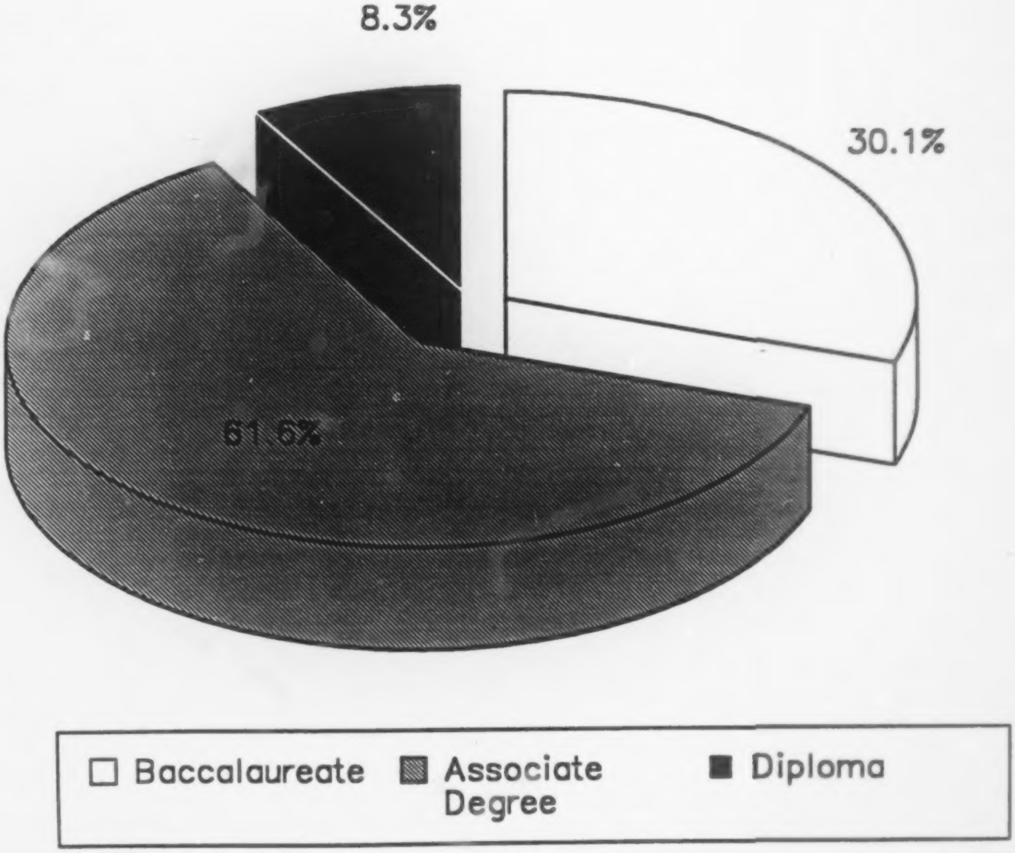
TOTAL NUMBER OF NEWLY LICENSED NURSES
New England Region

Massachuesetts has the largest number of new nurses in the New England region followed by Connecticut.



NEWLY LICENSED NURSES BY TYPE OF NURSING EDUCATION, 1990

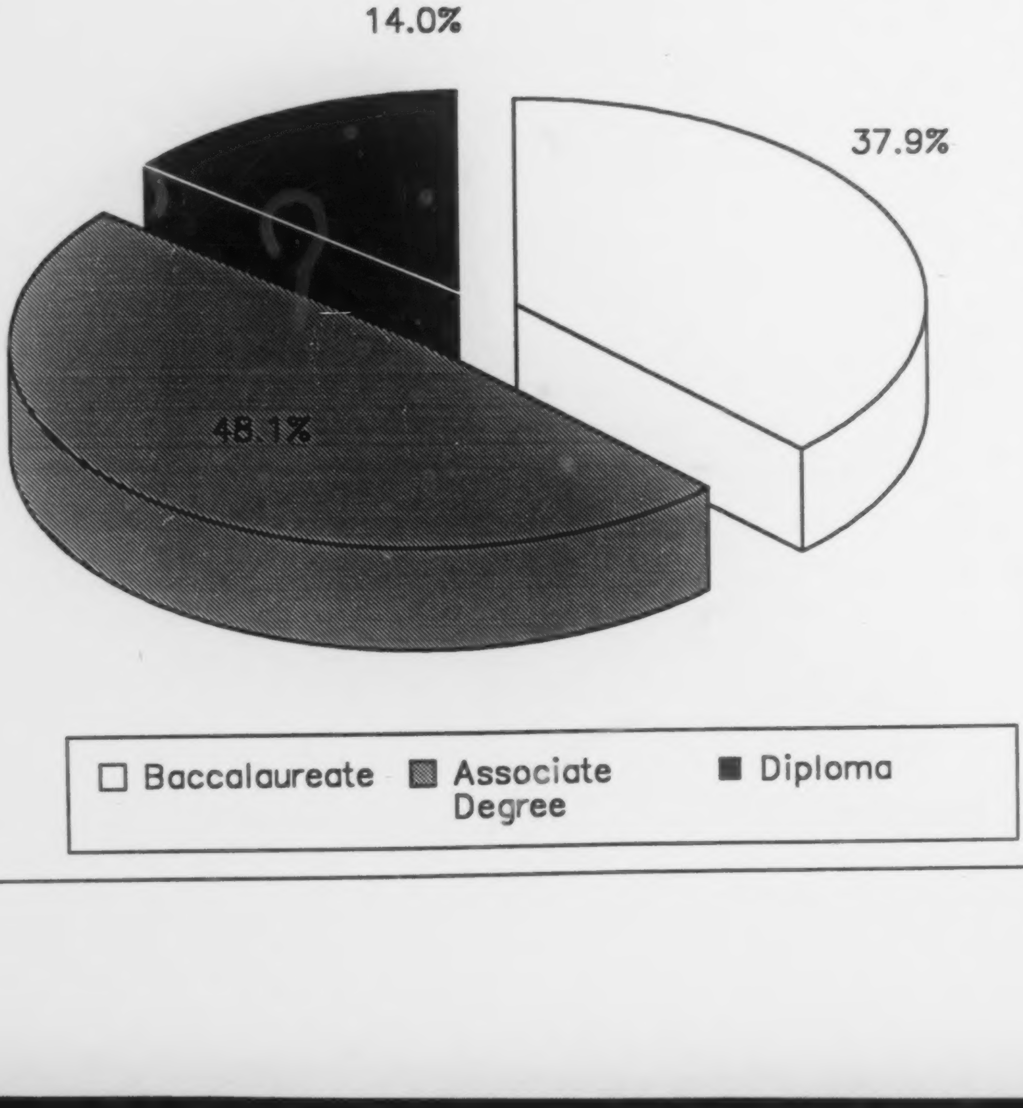
Over 60% of all new nurses have graduated from associate degree programs. Almost a third graduated with a baccalaureate, and just over 8% have diploma degrees.



NEWLY LICENSED NURSES BY TYPE OF NURSING EDUCATION, 1990

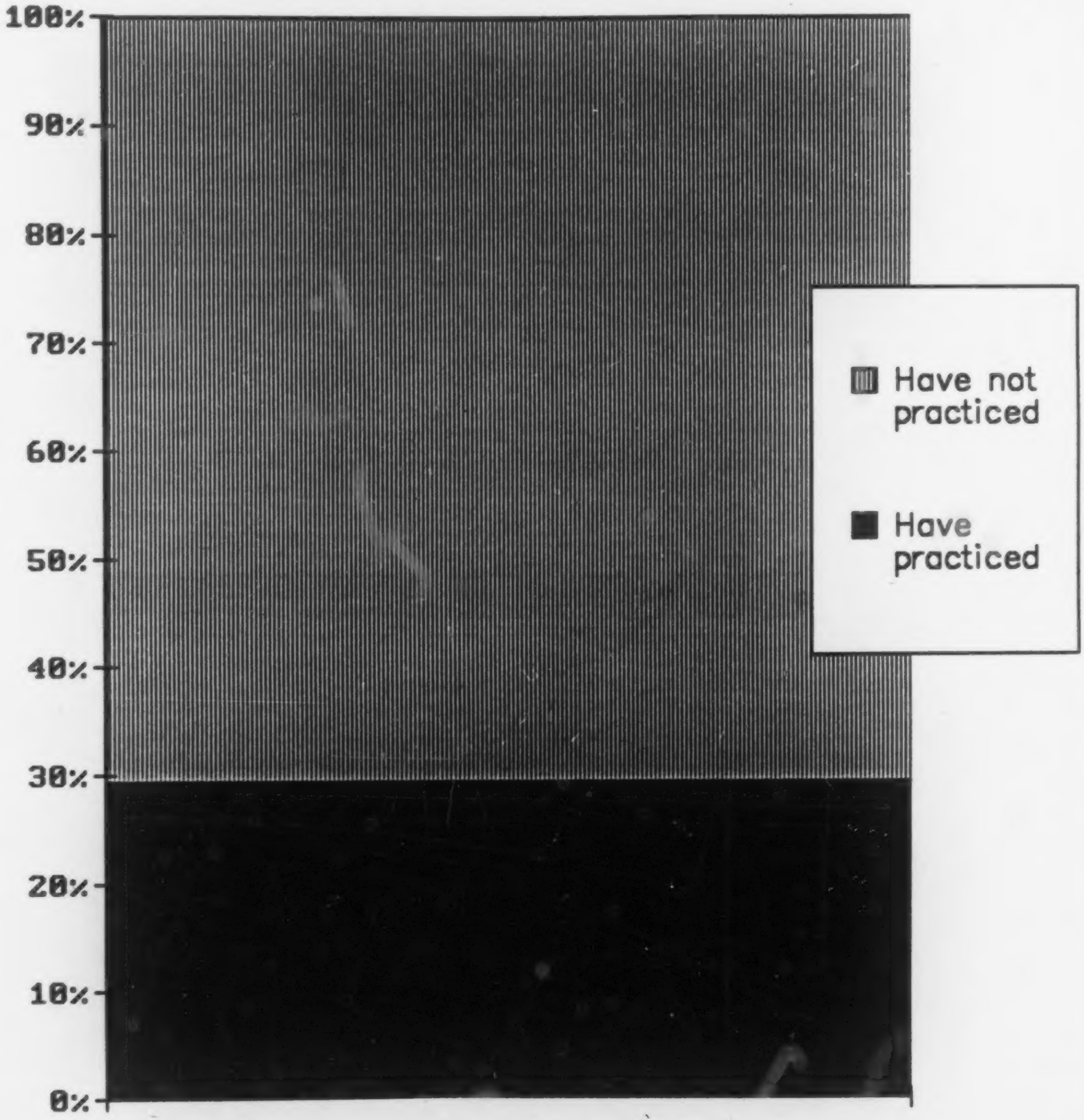
New England Region

Over 40% of all new nurses have graduated from associate degree programs. Over a third graduated with a baccalaureate, and 14% have diploma degrees.



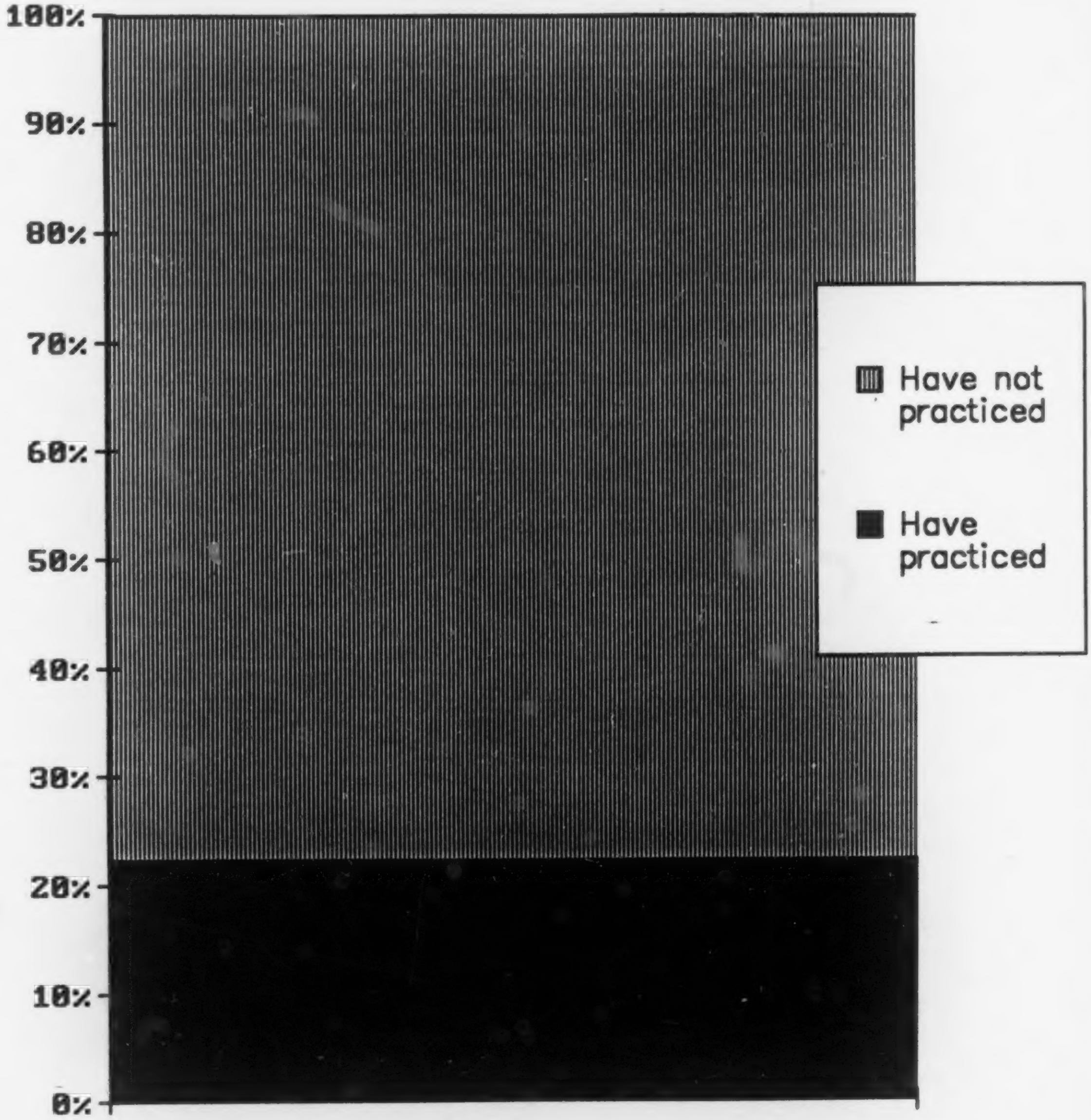
PRIOR LPN/LVN PRACTICE AMONG NEWLY LICENSED NURSES

Almost one-third of all newly licensed nurses have practiced as LPNs/LVNs.



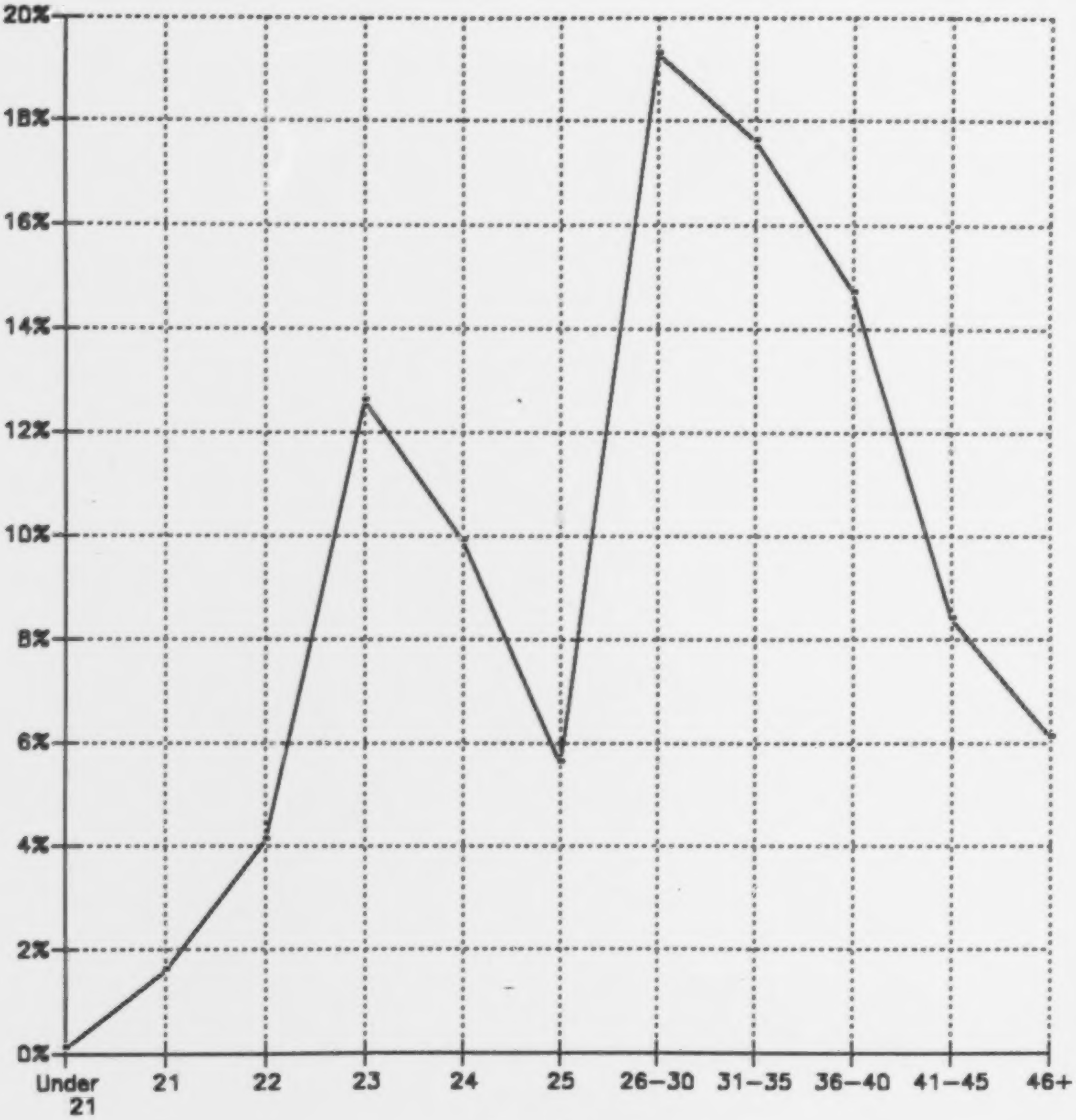
PRIOR LPN/LVN PRACTICE AMONG NEWLY LICENSED NURSES
New England Region

Of new nurses in the New England region, 22% have practiced as LPNs/LVNs.



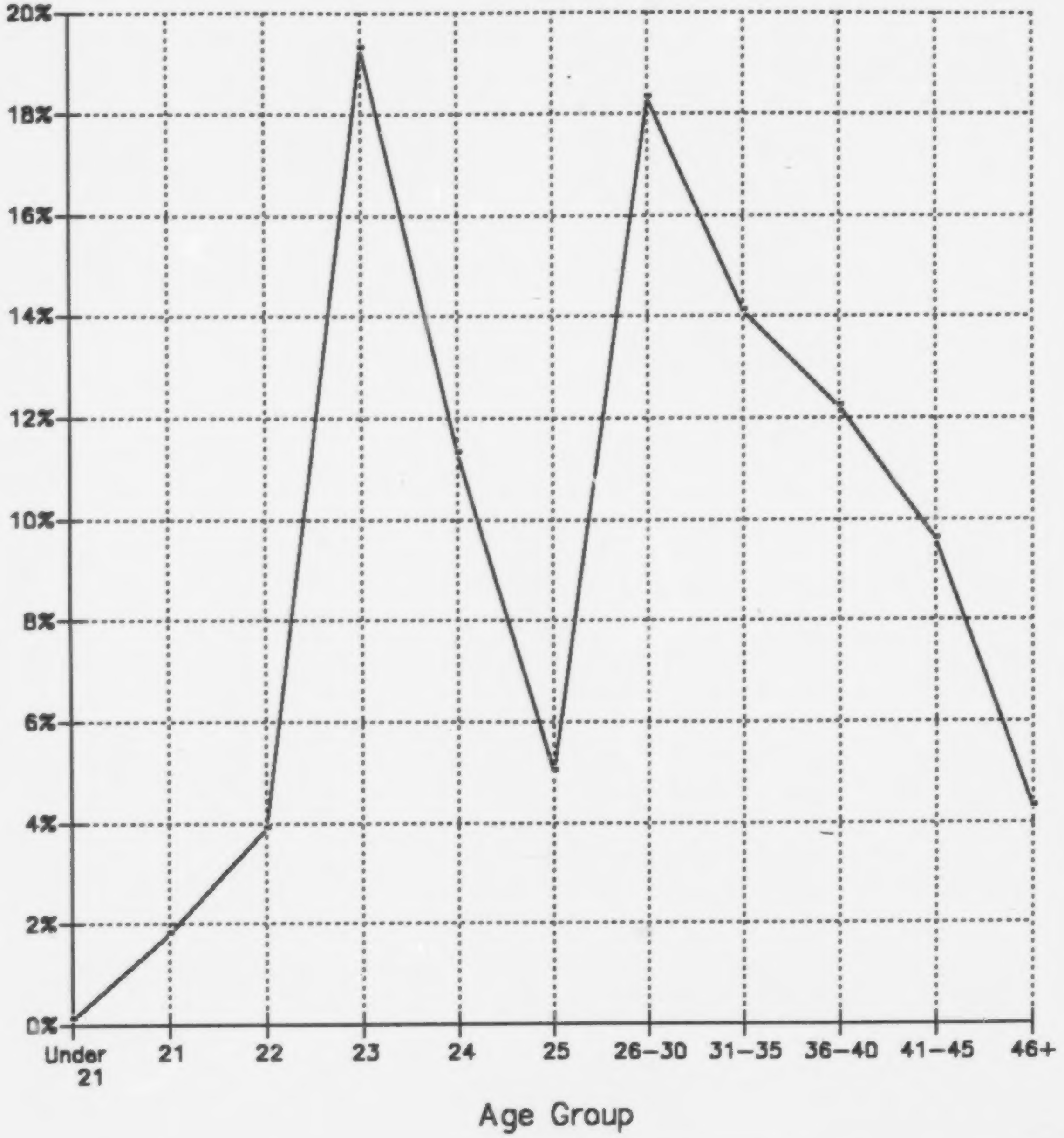
AGE DISTRIBUTION OF NEWLY LICENSED NURSES, 1990

The average age of new RNs is bimodal. The largest group of RNs consists of those 26 to 30 years old. Another peak exists at the 23-year-old mark.



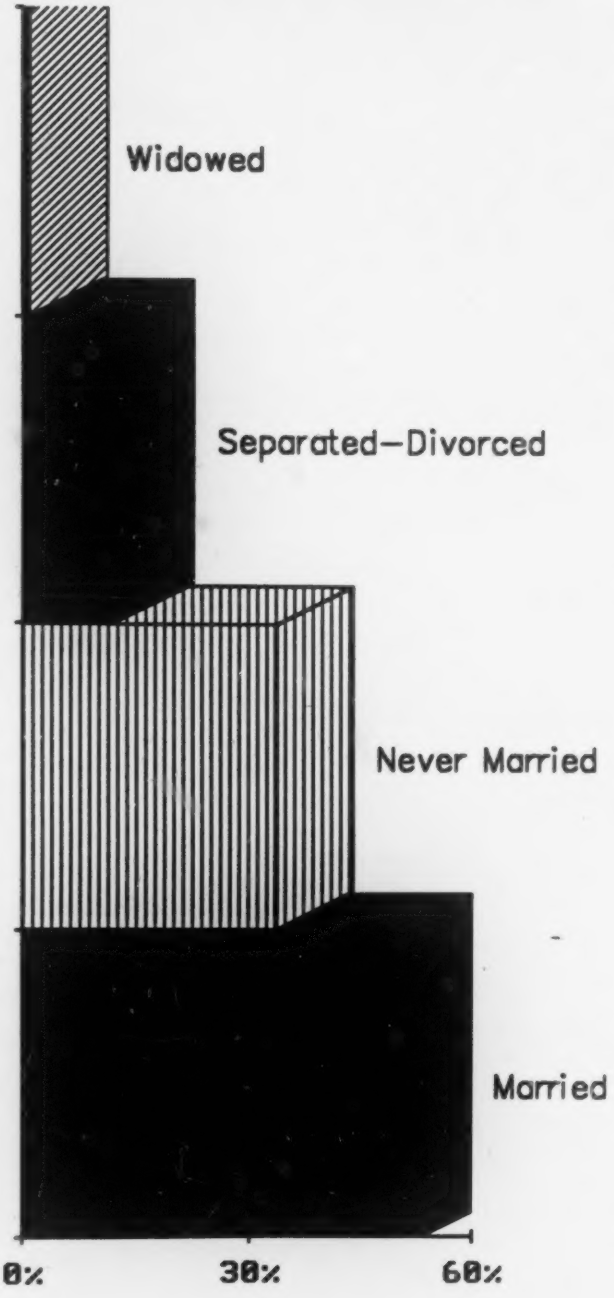
AGE DISTRIBUTION OF NEWLY LICENSED NURSES, 1990
New England Region

A plurality of newly licensed nurses in the New England region are age 23. The next largest group consists of 26 to 30 year olds.



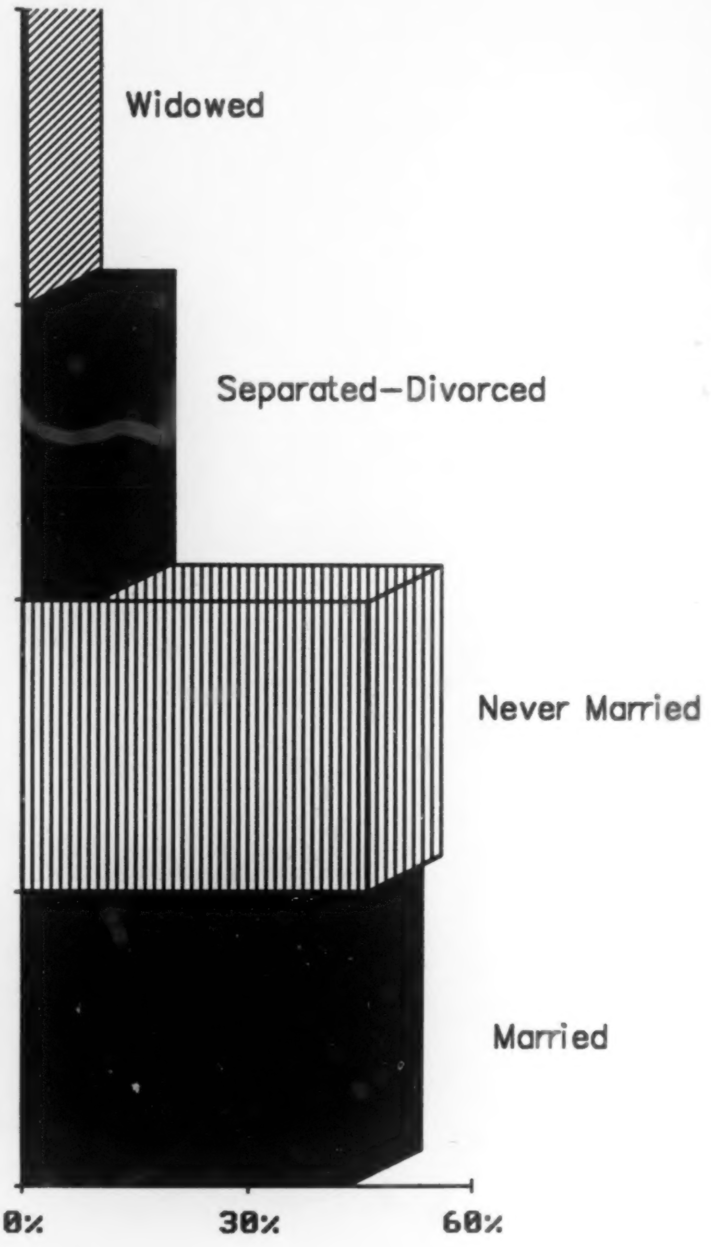
MARITAL STATUS OF NEWLY LICENSED NURSES, 1990

A majority of newly licensed nurses are married.



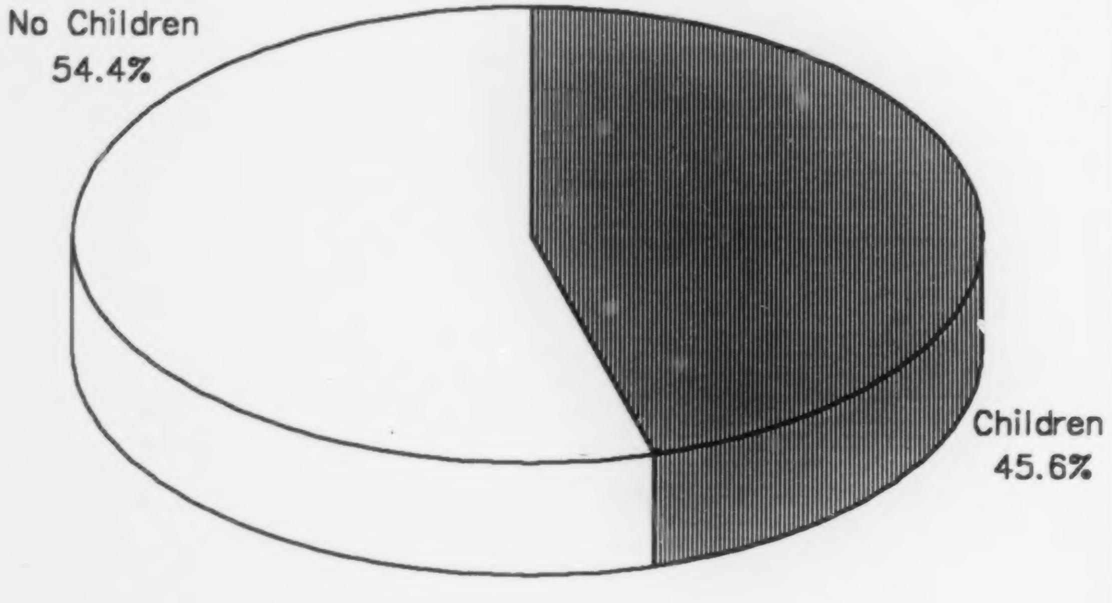
MARITAL STATUS OF NEWLY LICENSED NURSES, 1990
New England Region

New nurses in the New England region are almost evenly split between those never married and those married.



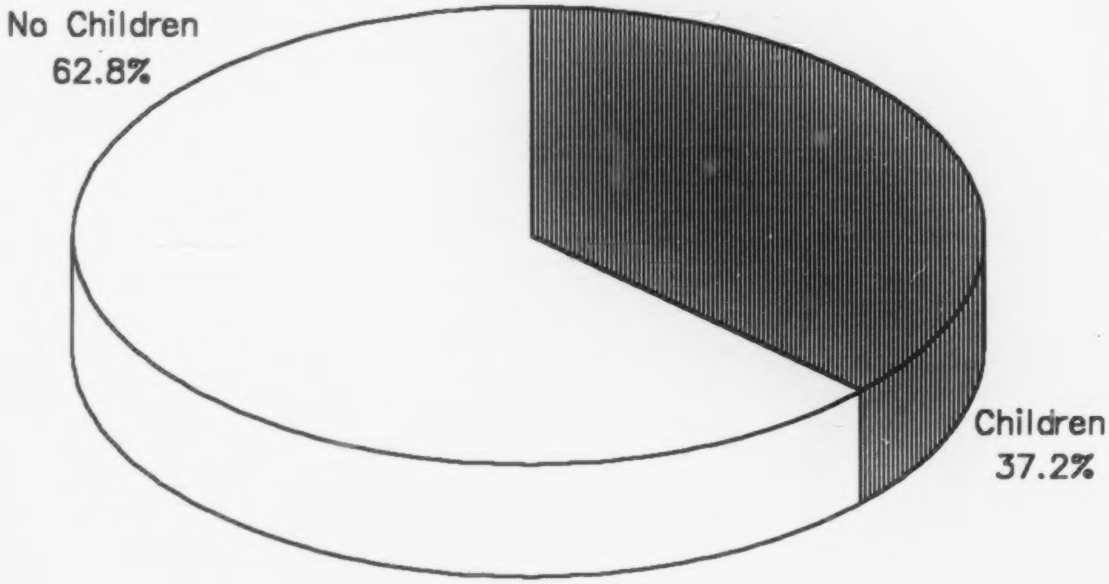
PERCENTAGE OF NEWLY LICENSED NURSES WITH AND WITHOUT CHILDREN, 1990

The percentage of newly licensed nurses who have children is almost equal to the percentage who have no children at home.



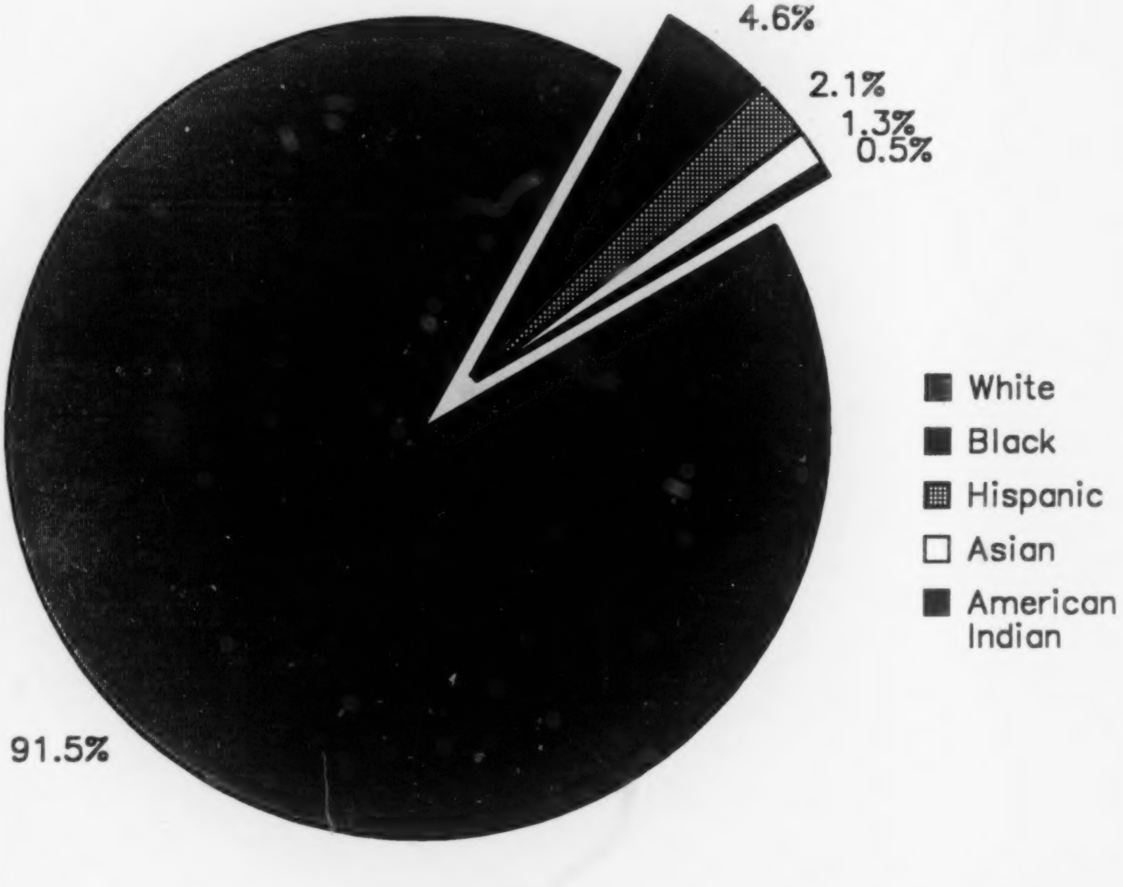
PERCENTAGE OF NEWLY LICENSED NURSES WITH AND WITHOUT CHILDREN, 1990
New England Region

Almost two-thirds of newly licensed nurses in the New England region have no children.



RACIAL/ETHNIC BACKGROUND OF NEWLY LICENSED NURSES, 1990

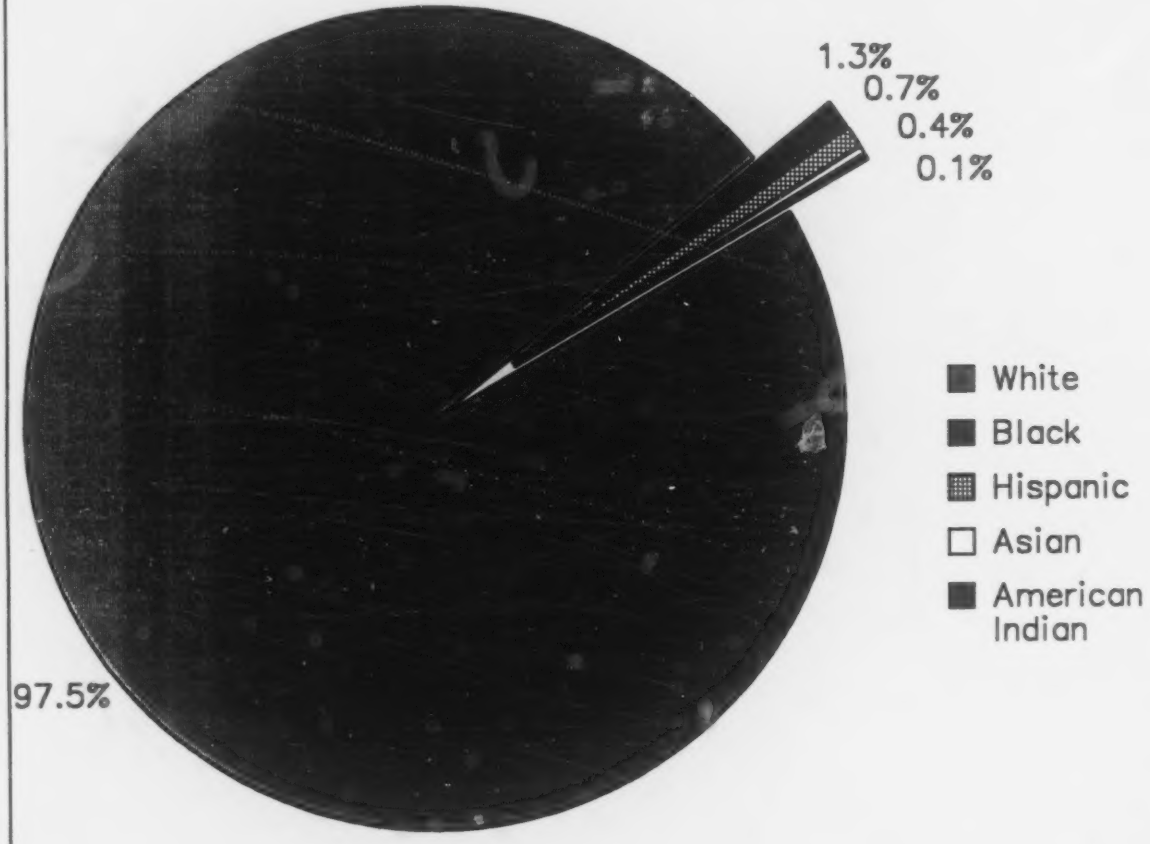
The overwhelming majority of newly licensed nurses are white. Less than 9% are non–white.



RACIAL/ETHNIC BACKGROUND OF NEWLY LICENSED NURSES, 1990

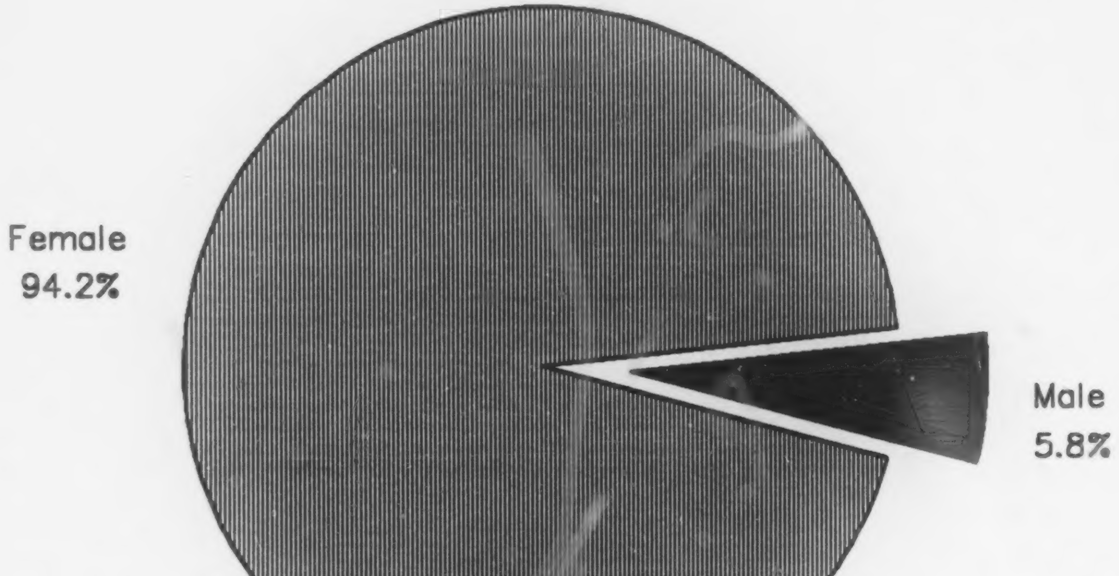
New England Region

The overwhelming majority of newly licensed nurses are white. Less than 3% are non-white.



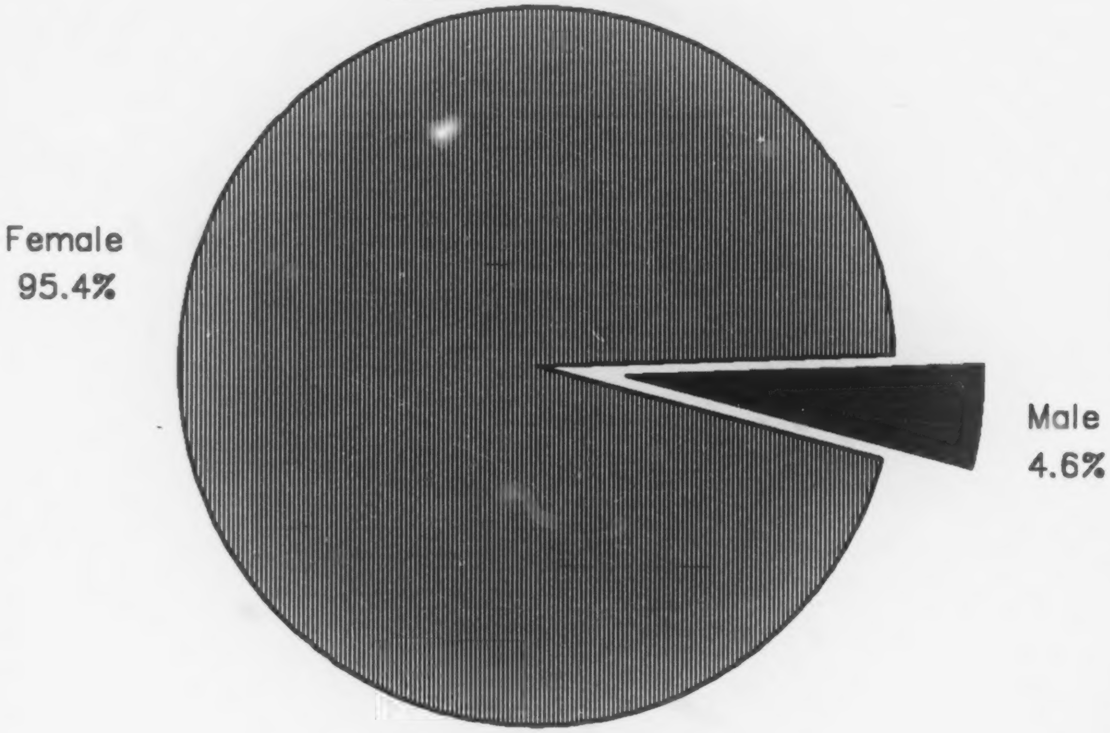
GENDER OF NEWLY LICENSED NURSES, 1990

An overwhelming majority of newly licensed nurses are female.



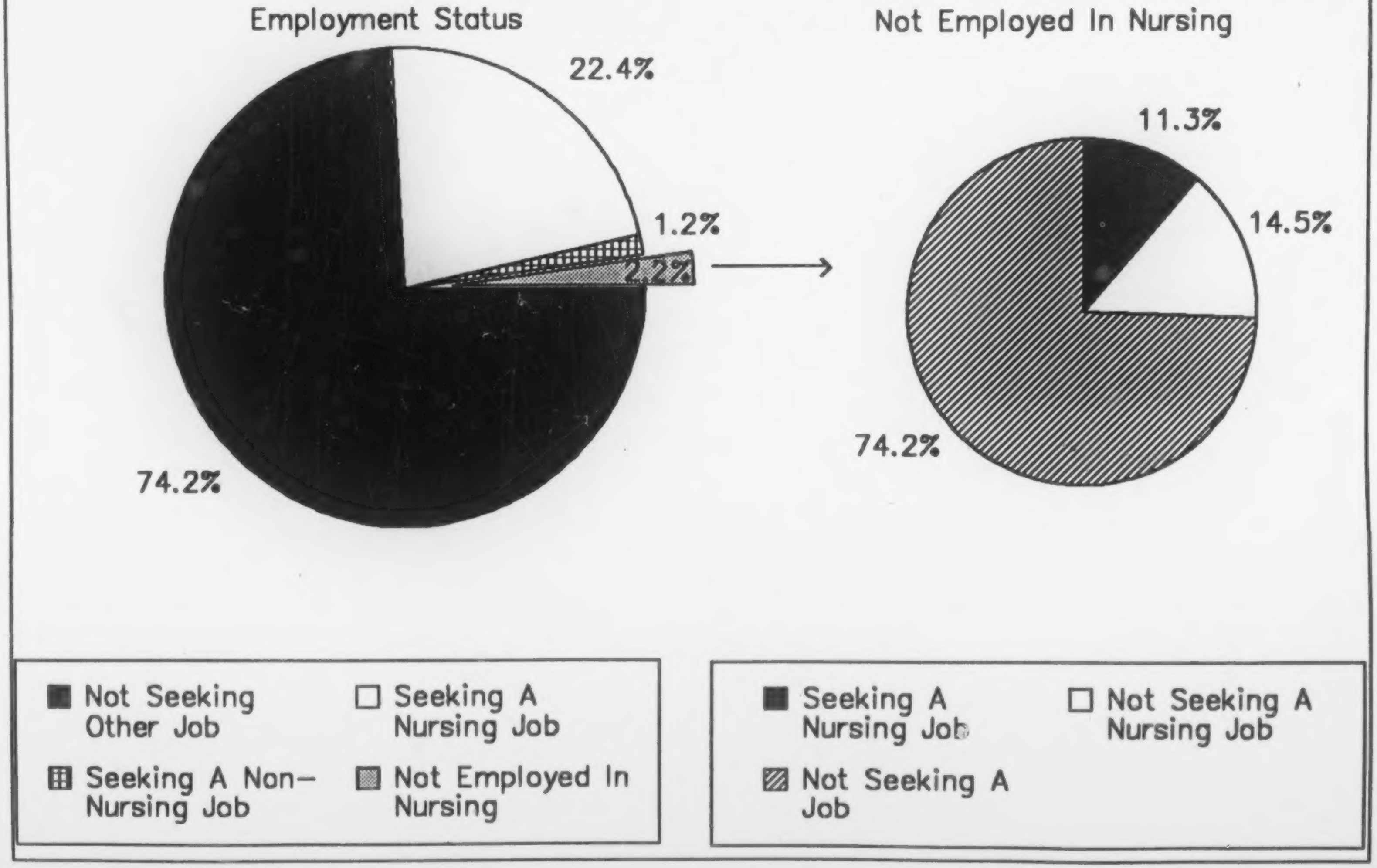
GENDER OF NEWLY LICENSED NURSES, 1990
New England Region

An overwhelming majority of newly licensed nurses are female.



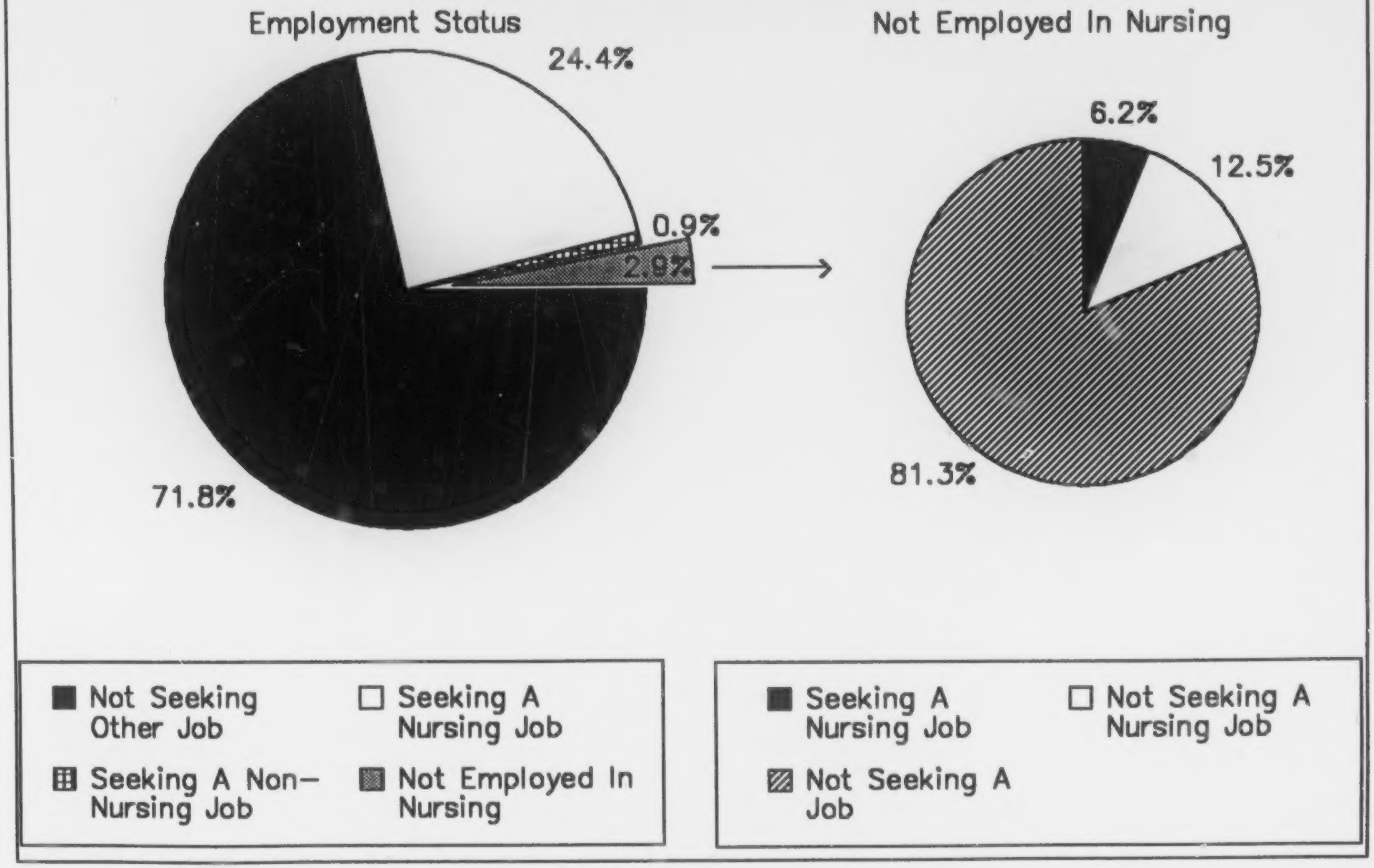
Employment Status of Newly Licensed Nurses, 1990

Over two-thirds of new nurses currently employed in nursing are not seeking another job. Of those unemployed, 74% are voluntarily unemployed.



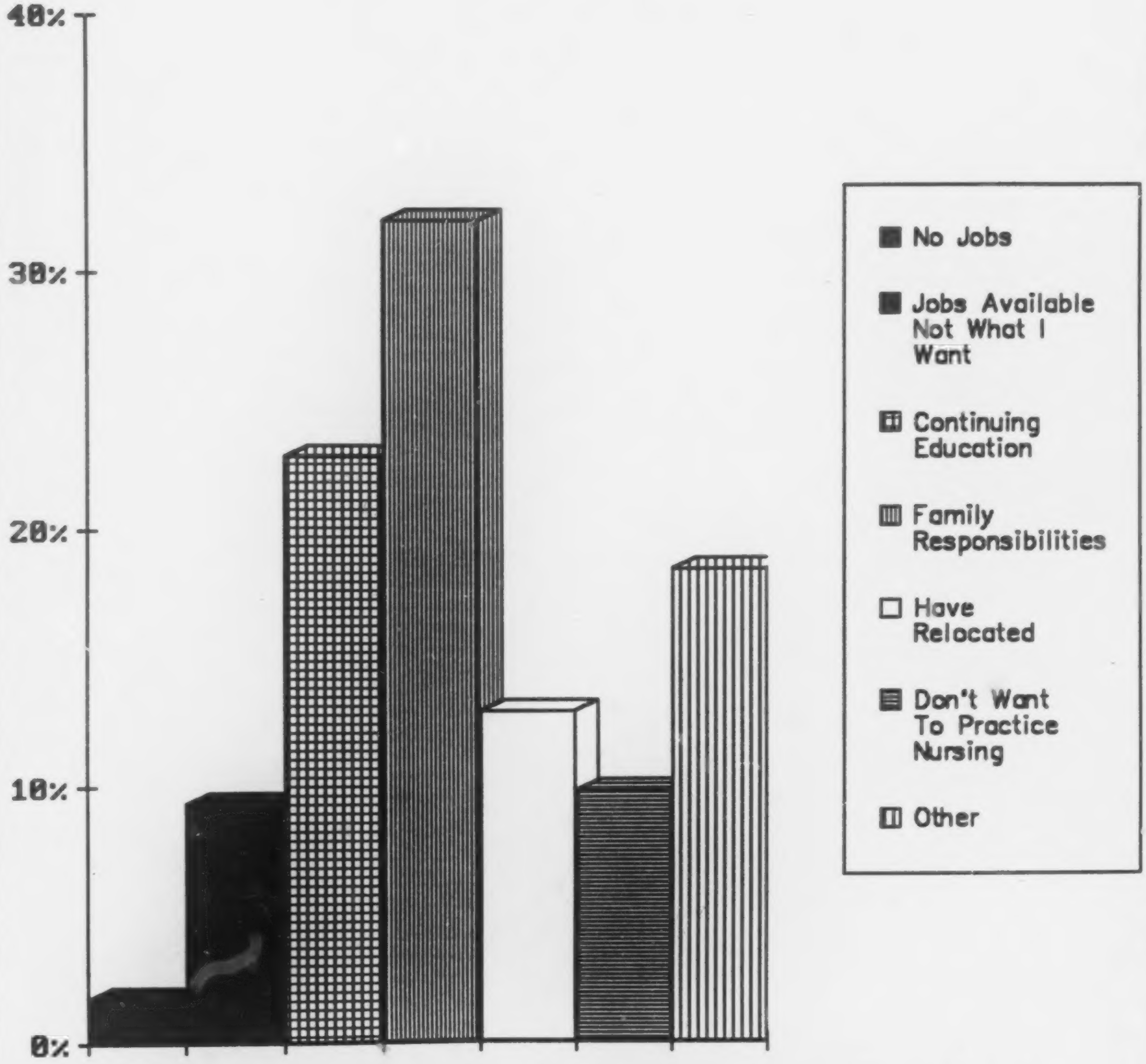
Employment Status of Newly Licensed Nurses, 1990
New England Region

Over two–thirds of new nurses currently employed in nursing are not seeking another job. Of those unemployed, 81% are voluntarily unemployed.



MAIN REASON WHY NEWLY LICENSED NURSES ARE NOT EMPLOYED IN NURSING

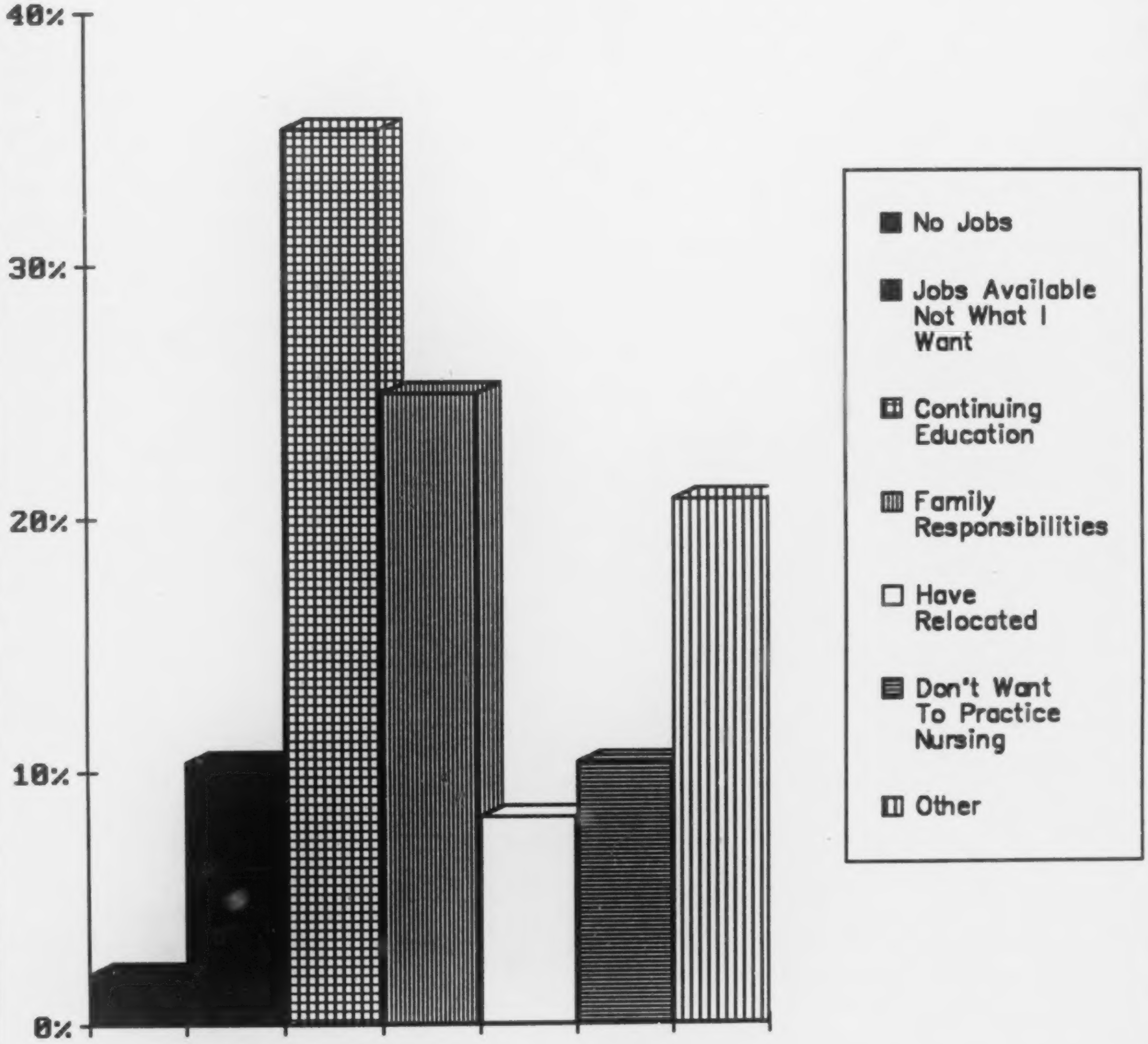
Respondents most often cited "family responsibilities" as their main reason for not currently holding a nursing position.



Note: Only 2 percent of all newly licensed nurses are not employed in nursing. Multiple responses allowed.

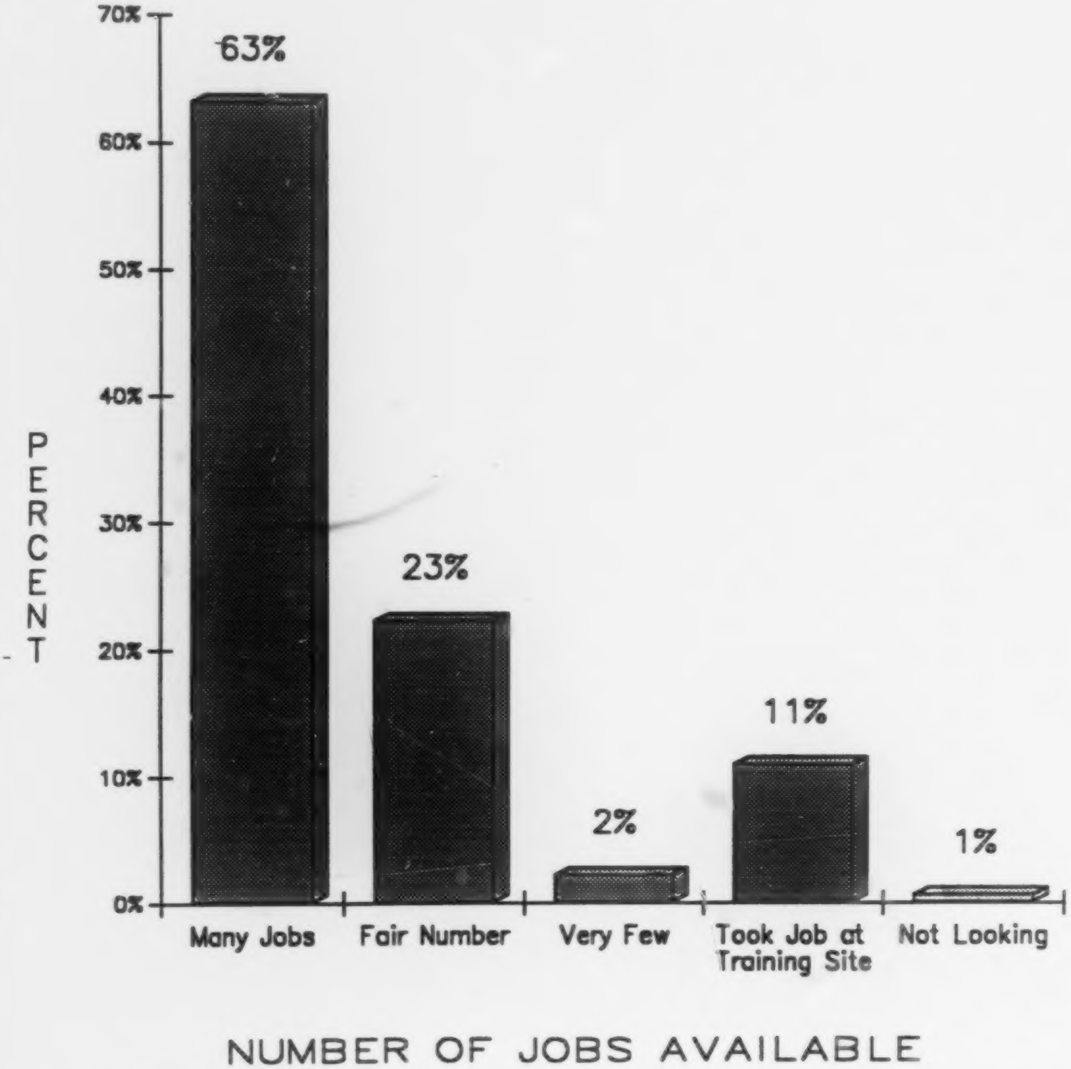
MAIN REASON WHY NEWLY LICENSED NURSES ARE NOT EMPLOYED IN NURSING
New England Region

Respondents most often cited "continuing education" as their main reason for not currently holding a nursing position.



PERCEPTIONS OF JOB AVAILABILITY OF NEWLY LICENSED NURSES, 1990

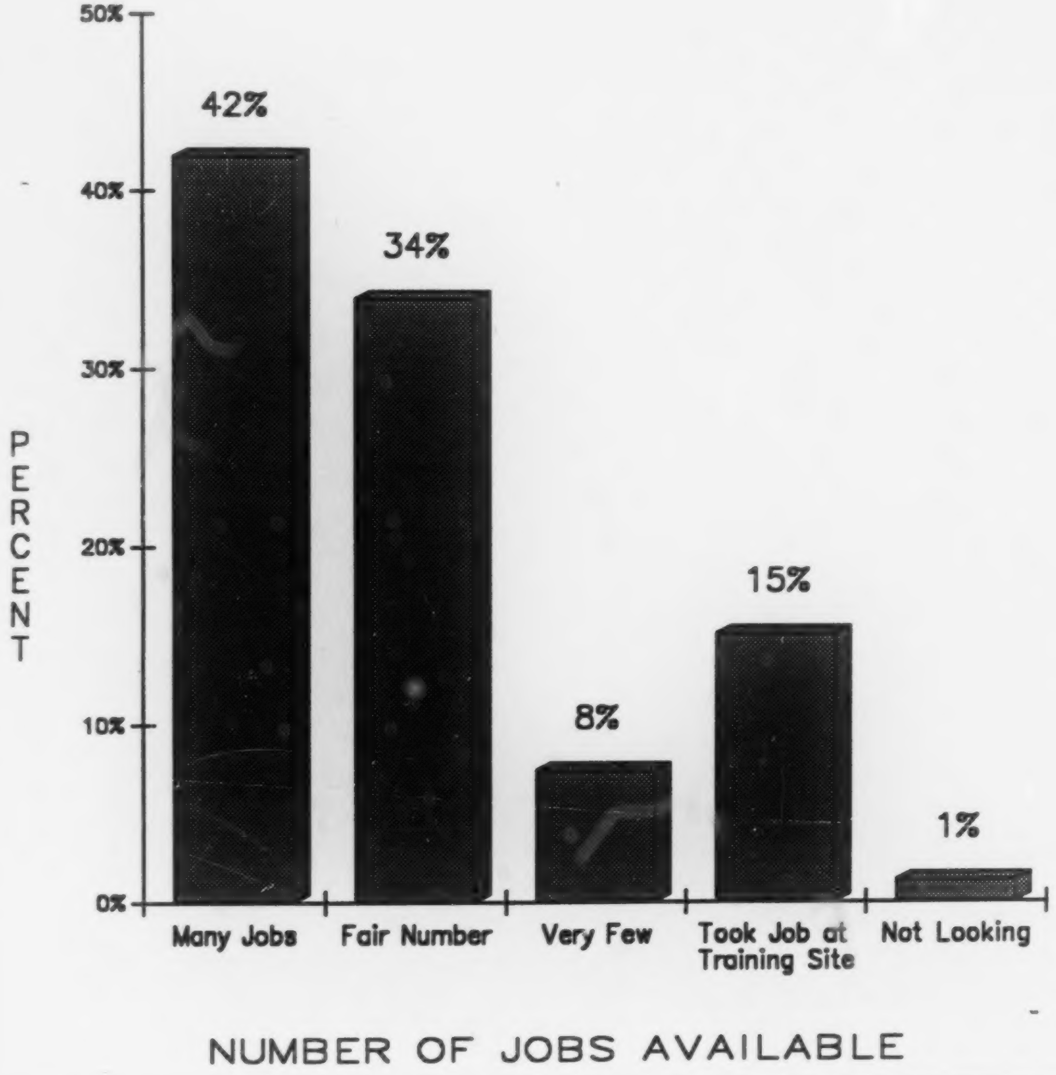
Almost two-thirds stated that "many jobs" were available when they were job-hunting indicating that demand for new RNs is strong.



PERCEPTIONS OF JOB AVAILABILITY OF NEWLY LICENSED NURSES, 1990

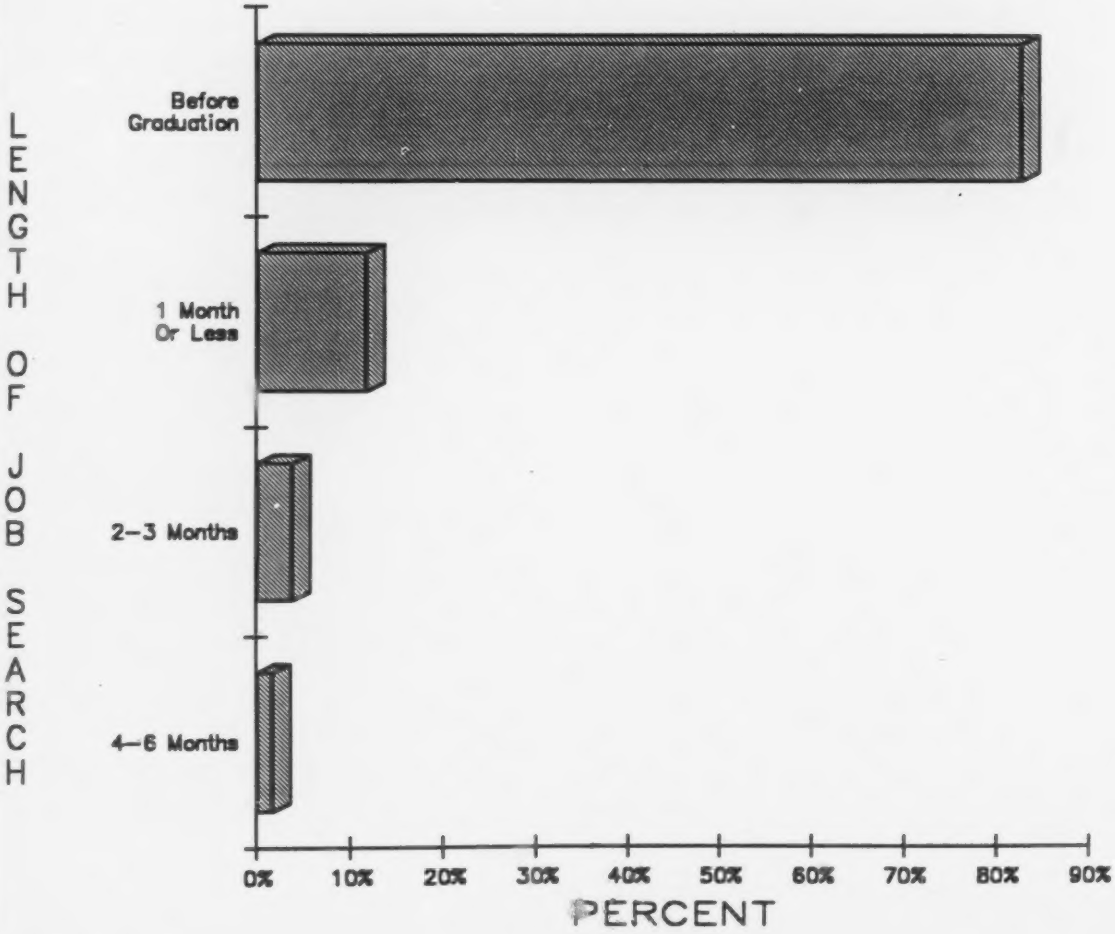
New England Region

Over two-fifths stated that "many jobs" were available when they were job-hunting indicating that demand for new RNs is strong.



LENGTH OF JOB SEARCH OF NEWLY LICENSED NURSES, 1990

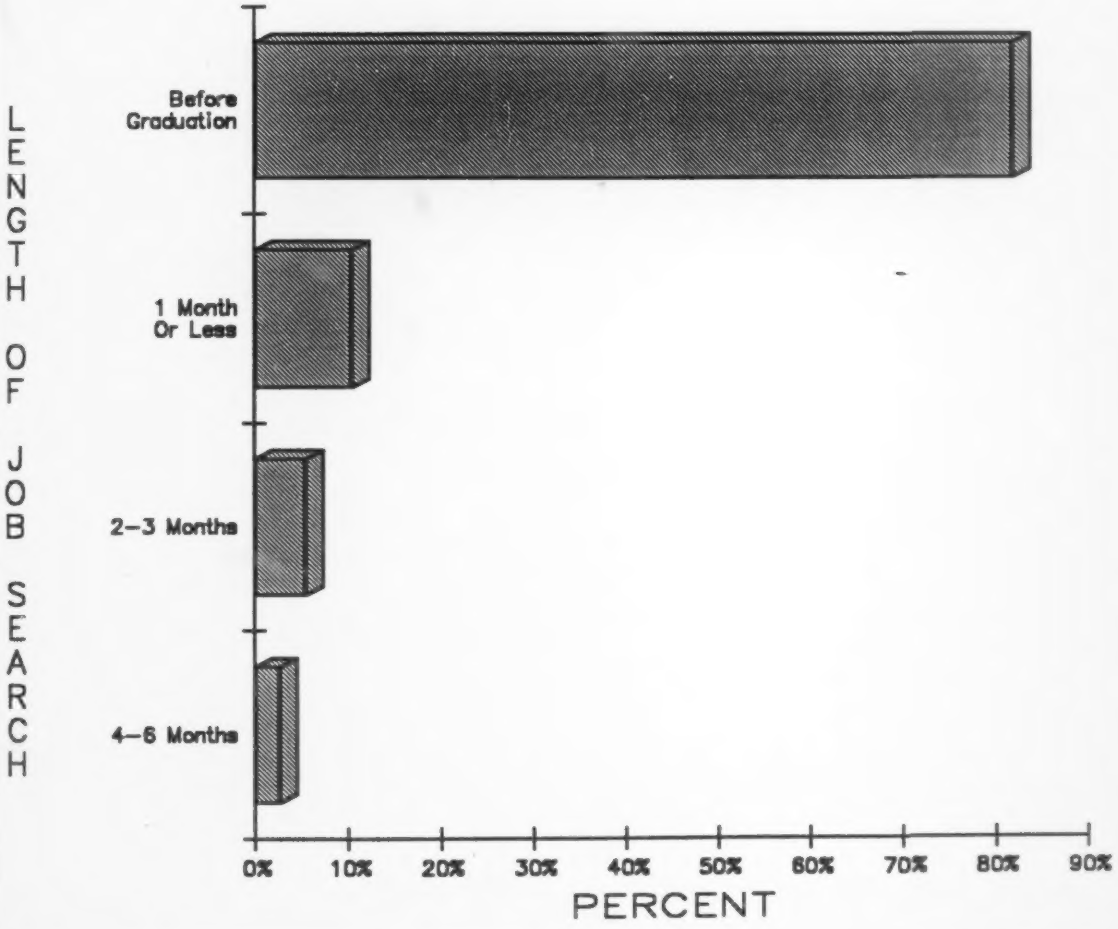
Demand for new RNs is high. Over 90% found jobs either before or within one month of graduation.

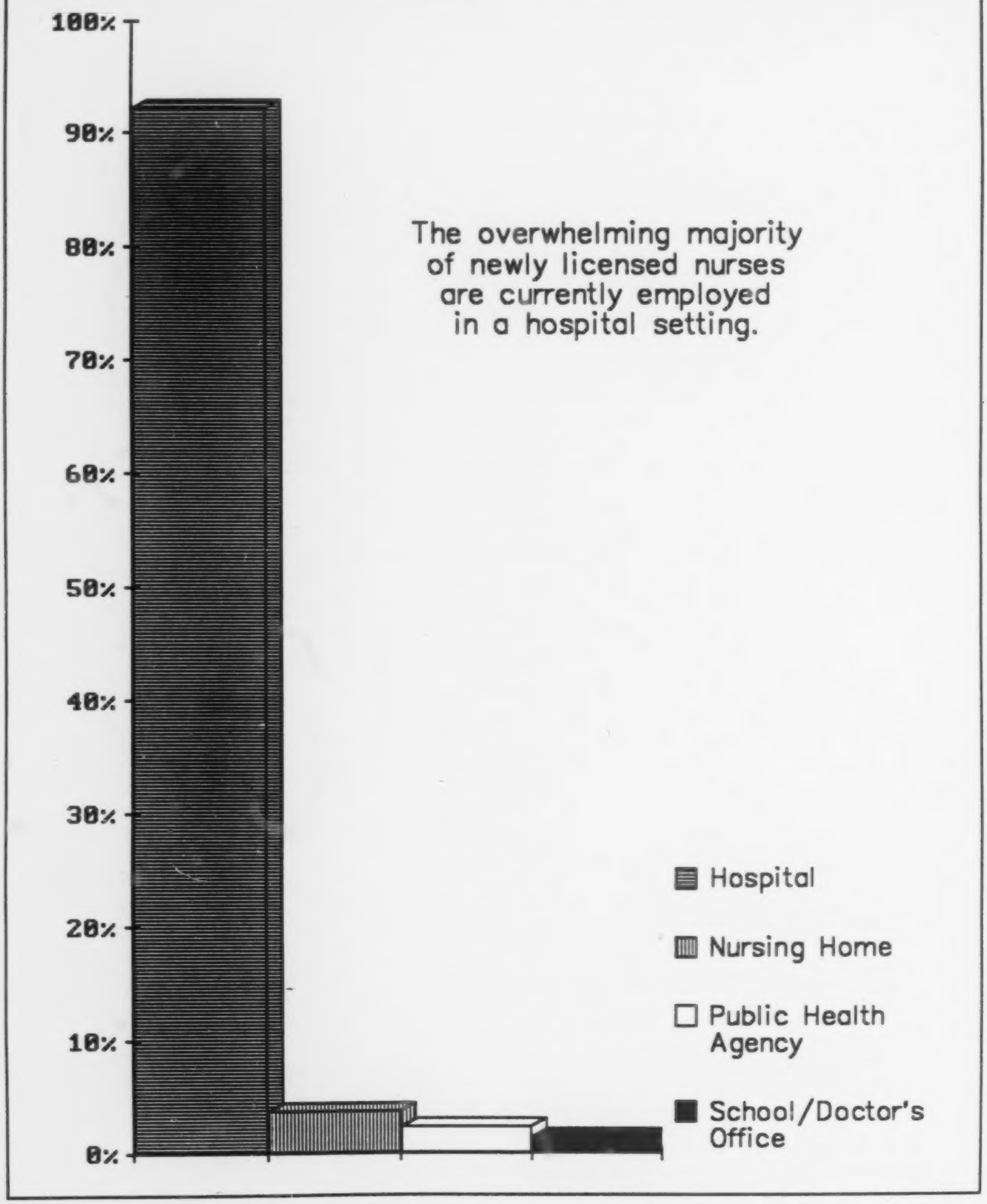


LENGTH OF JOB SEARCH OF NEWLY LICENSED NURSES, 1990

New England Region

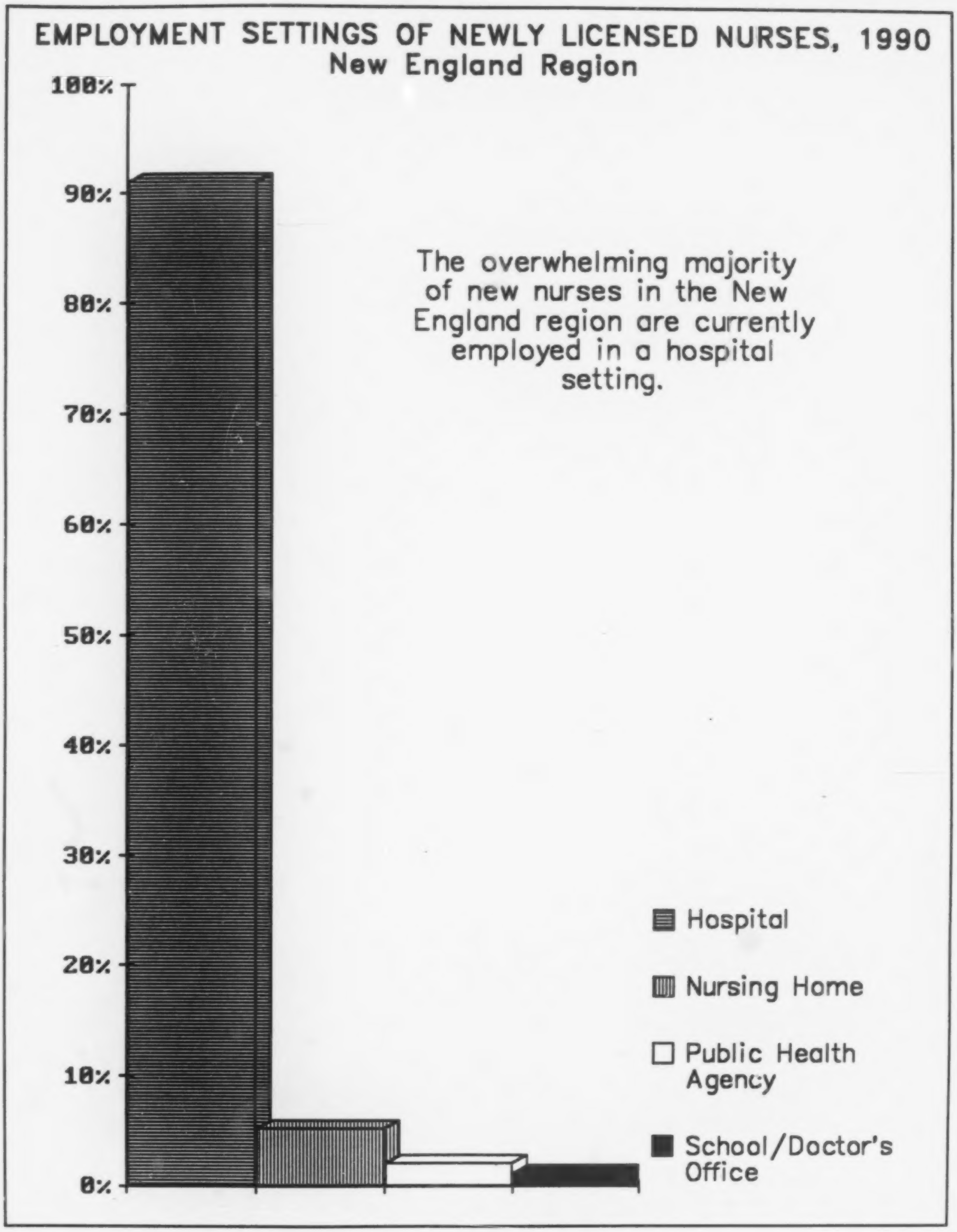
Demand for new RNs is high. Over 81% found jobs either before graduation.





EMPLOYMENT SETTINGS OF NEWLY LICENSED NURSES, 1990

The overwhelming majority of newly licensed nurses are currently employed in a hospital setting.

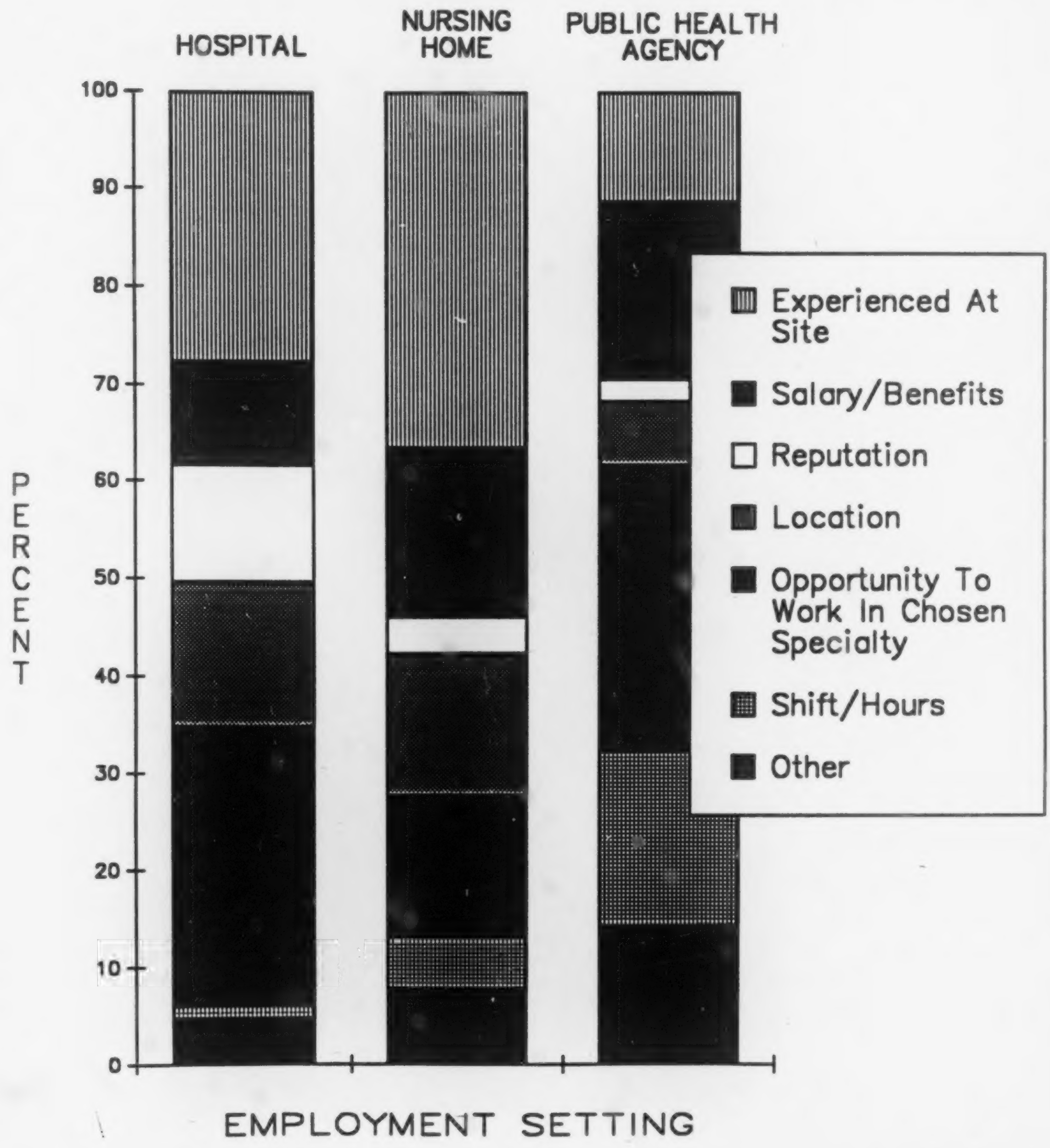


EMPLOYMENT SETTINGS OF NEWLY LICENSED NURSES, 1990
New England Region

The overwhelming majority of new nurses in the New England region are currently employed in a hospital setting.

REASONS FOR CHOOSING CURRENT POSITION BY EMPLOYMENT SETTING, 1990

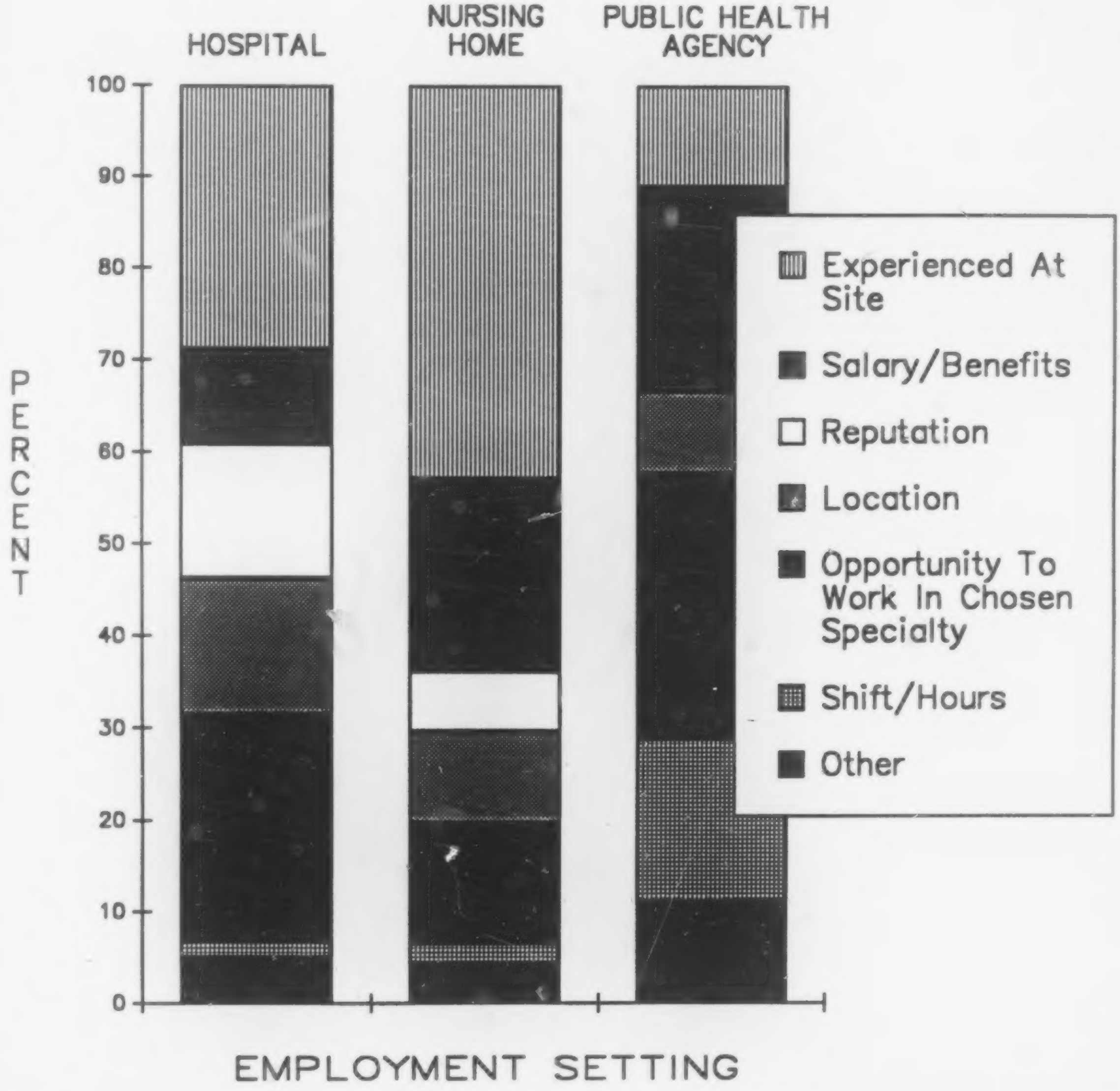
A plurality of new RNs in hospitals and public health agencies chose their position to work in their chosen specialty. Those working in nursing homes chose their position because of prior experience at the site.



REASONS FOR CHOOSING CURRENT POSITION BY EMPLOYMENT SETTING, 1990

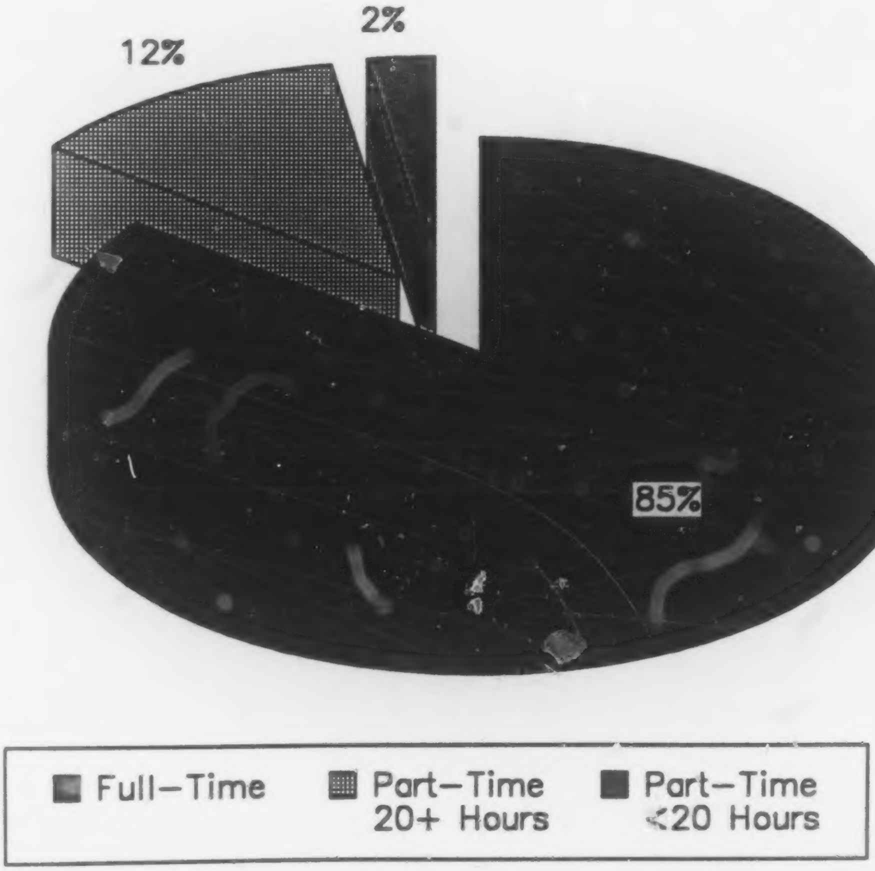
New England Region

The most frequently cited reasons for job selection are "opportunity to work in chosen specialty" and "prior experience in institution".



ACTIVITY STATUS OF NEWLY LICENSED NURSES, 1990

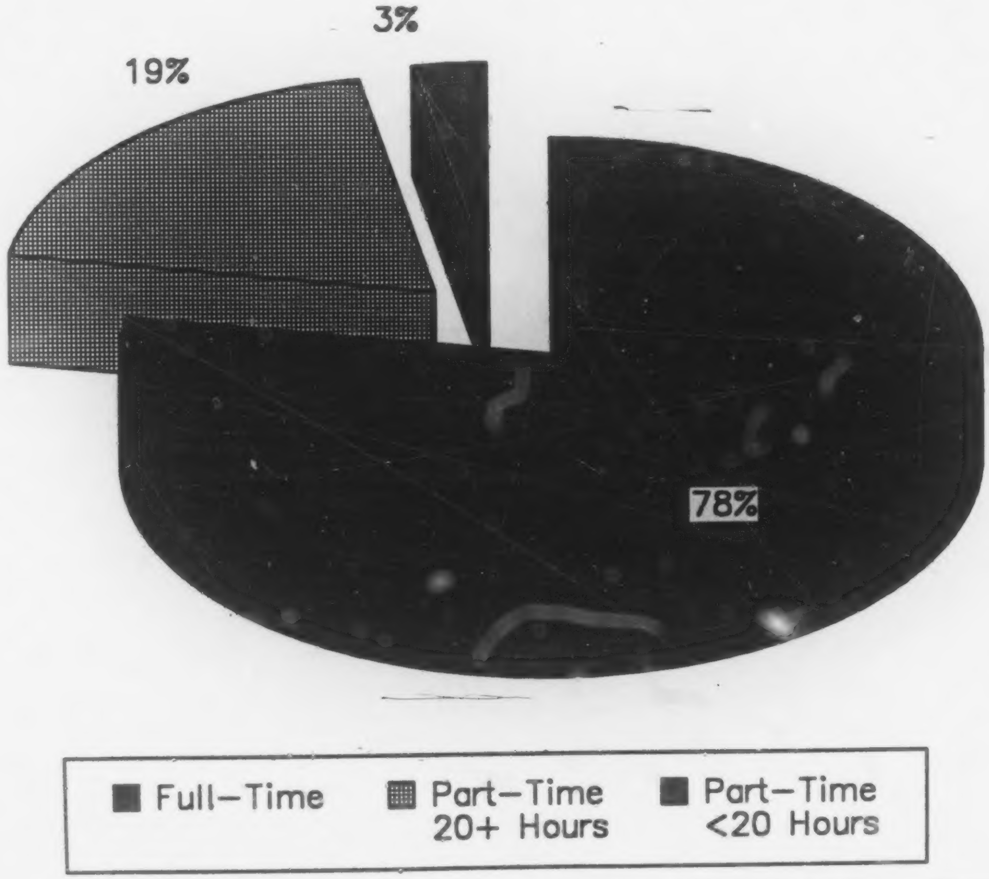
A great majority of new RNs work full-time. Only 2% work less than 20 hours per week.

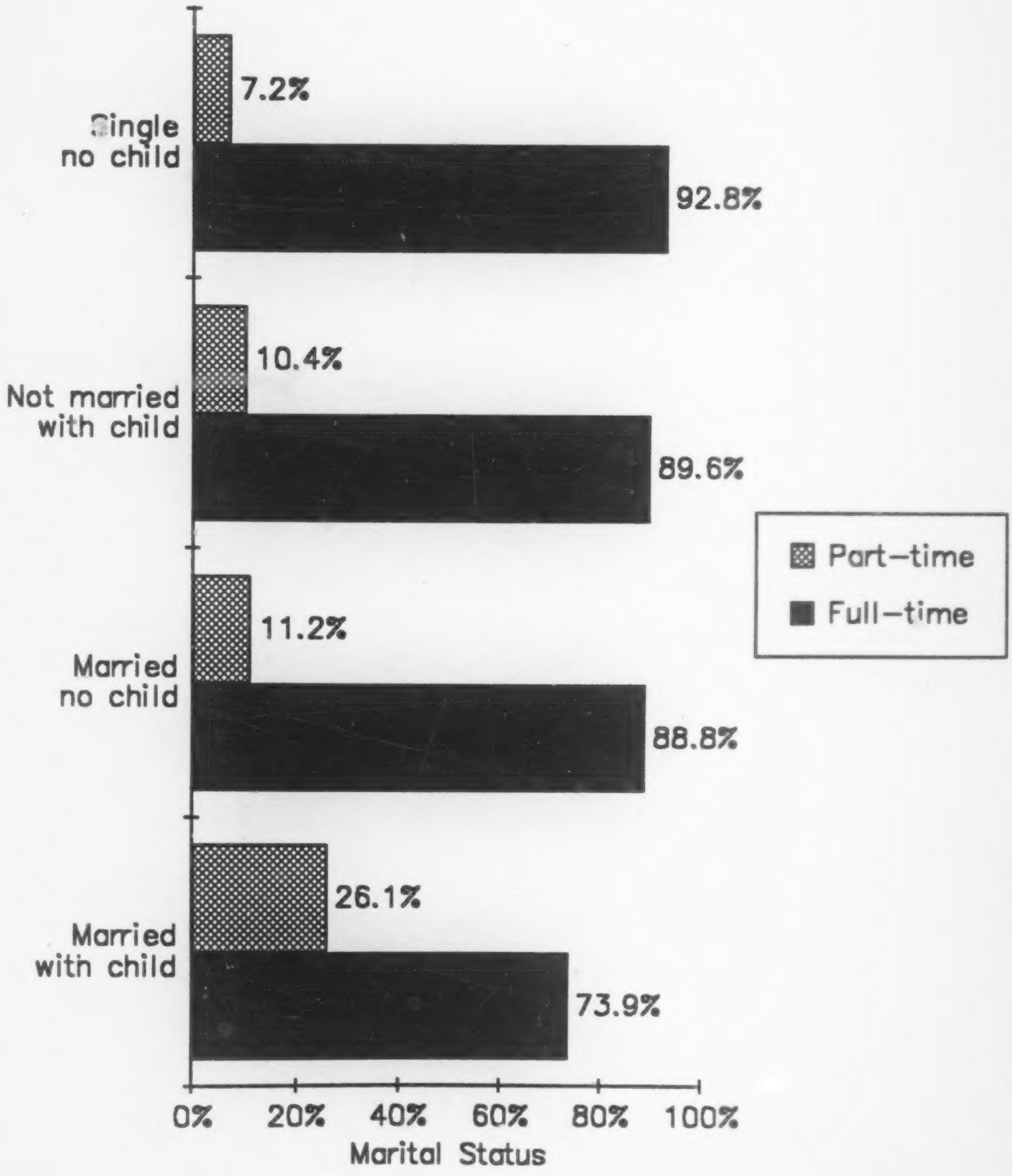


ACTIVITY STATUS OF NEWLY LICENSED NURSES, 1990

New England Region

Over three–quarters of new RNs in New England work full–time.



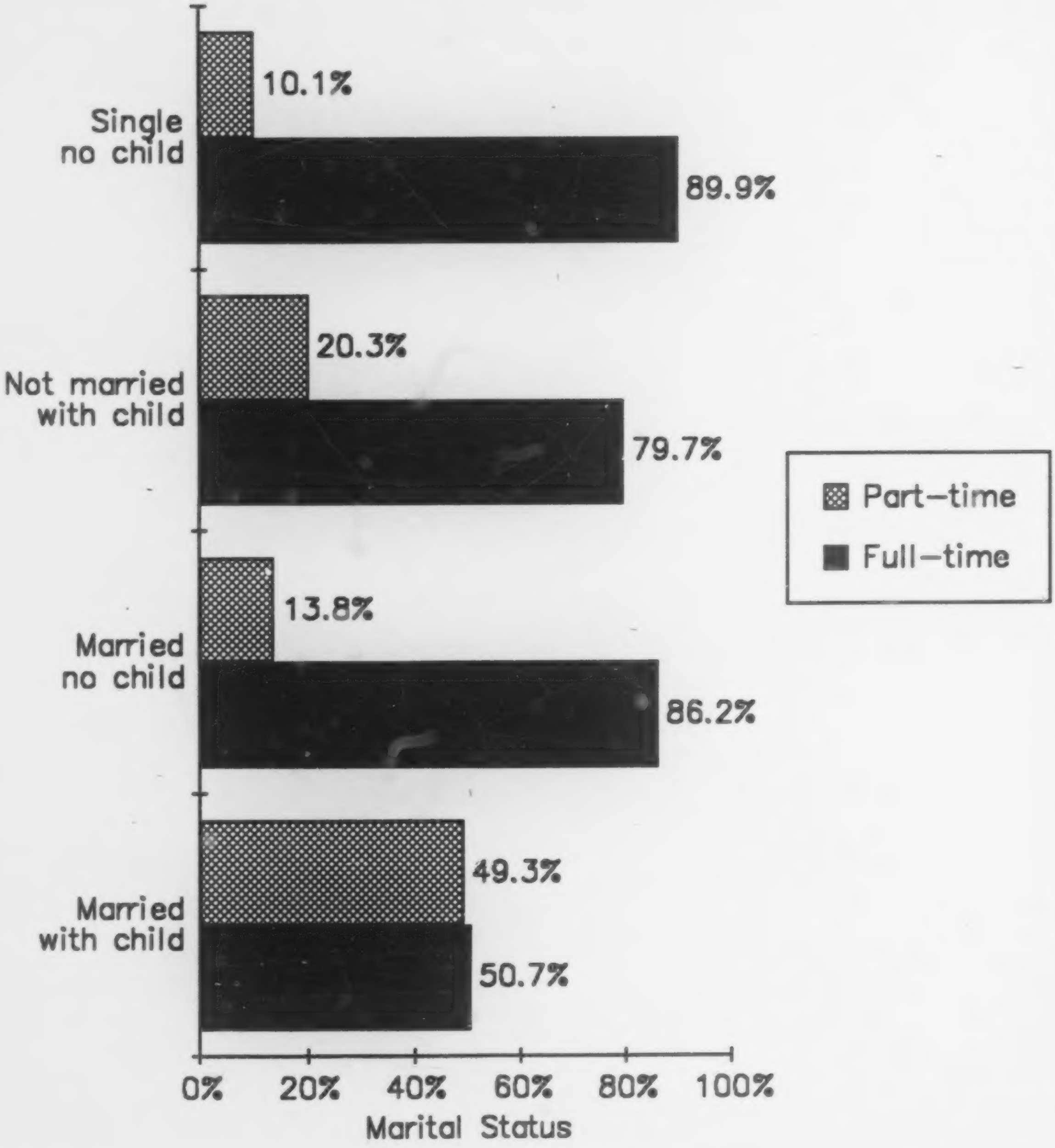


Activity Status of Newly Licensed Nurses by Marital Status

A large majority of new nurses work full-time.

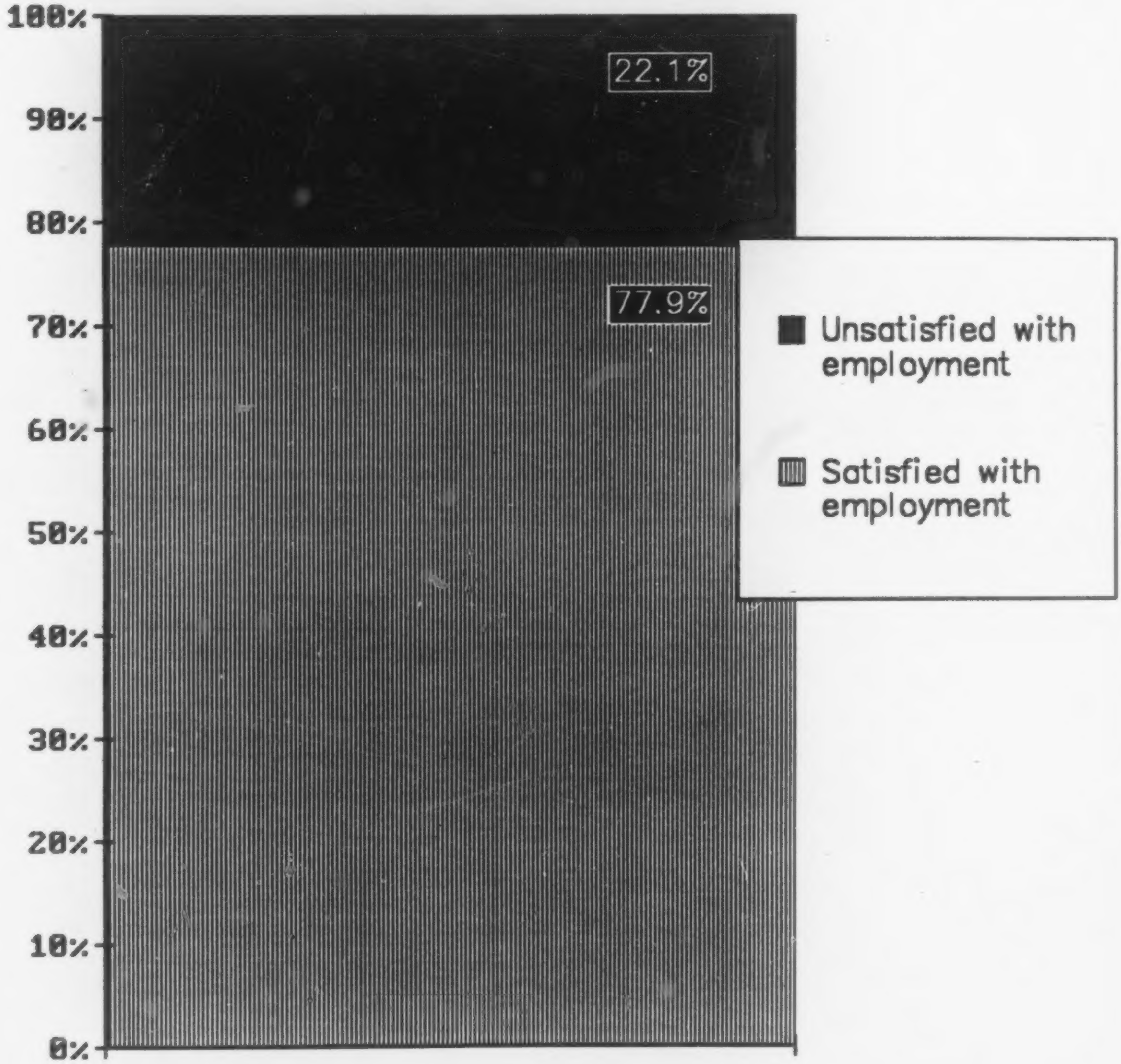
Activity Status of Newly Licensed Nurses by Marital Status
New England Region

While large majorities of new nurses work full–time, the New England region has the highest percentage of part–time workers among any marital status.



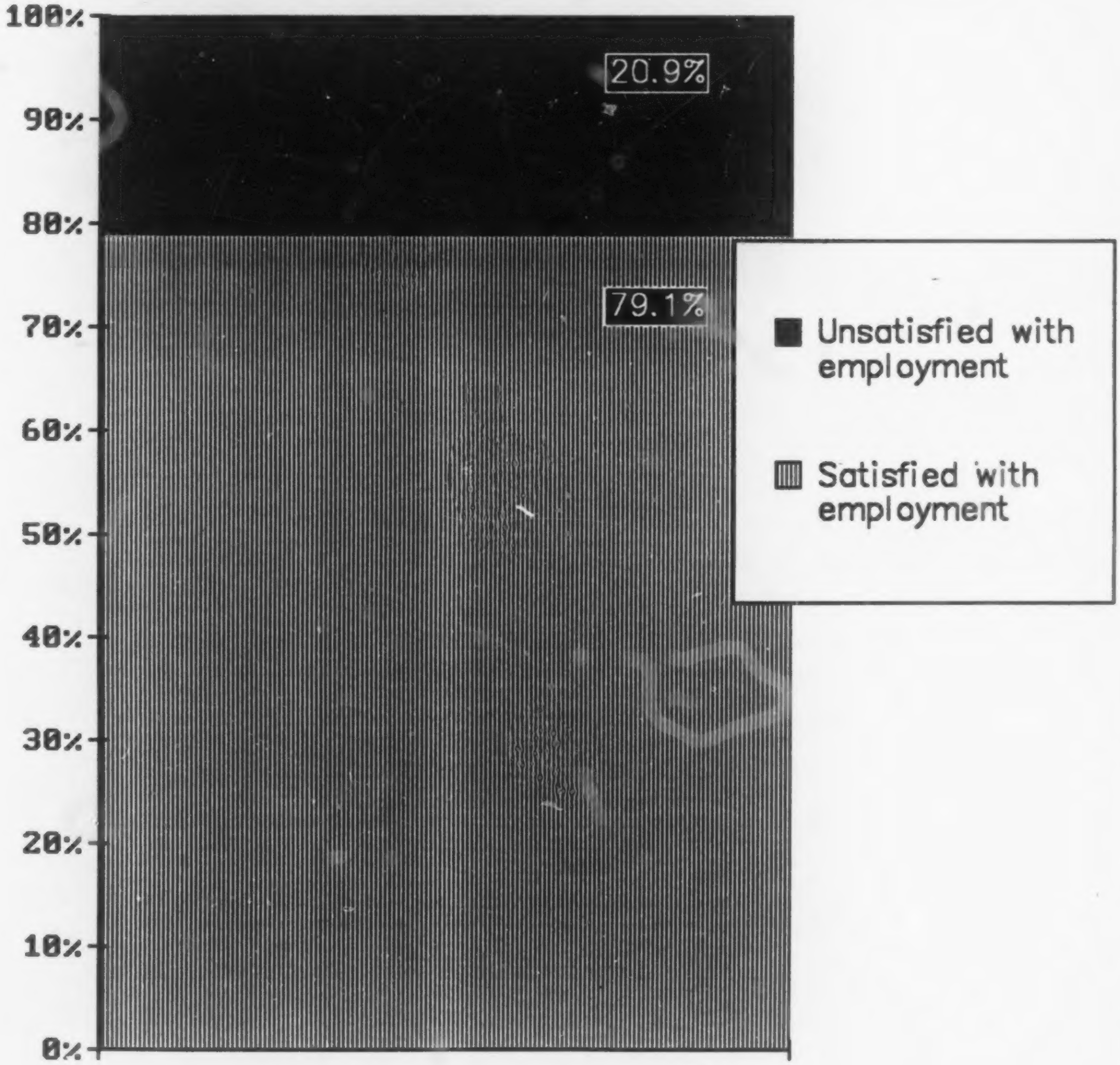
EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES

A high proportion of new nurses (77.9%) are satisfied with their employment



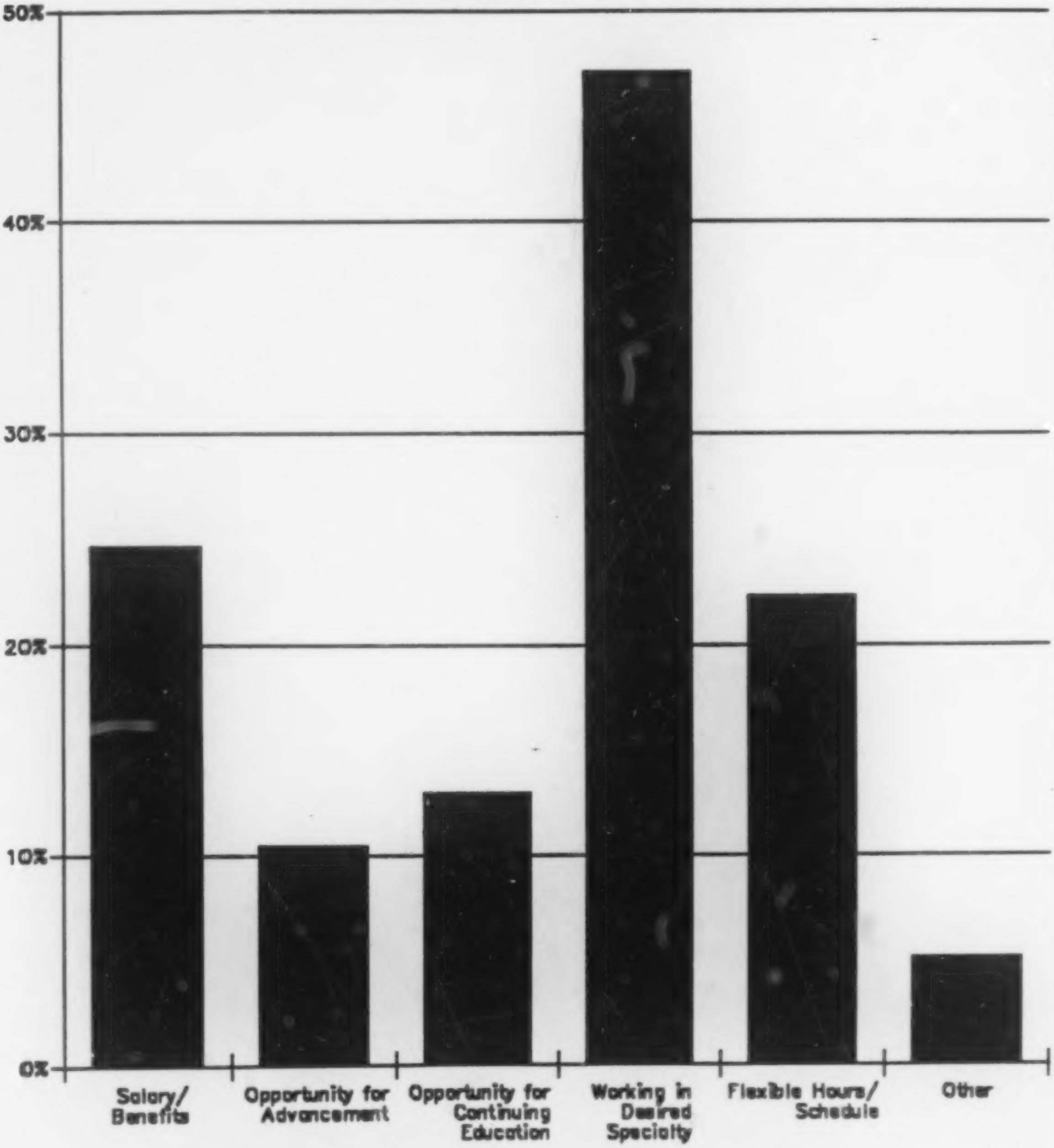
EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES
New England Region

A high proportion of new nurses (79.1%) are satisfied with their employment in the New England region.



MAIN SOURCE OF JOB SATISFACTION OF NEWLY LICENSED NURSES, 1990

Respondents most often cited "working
in desired specialty" as their
main source of satisfaction.

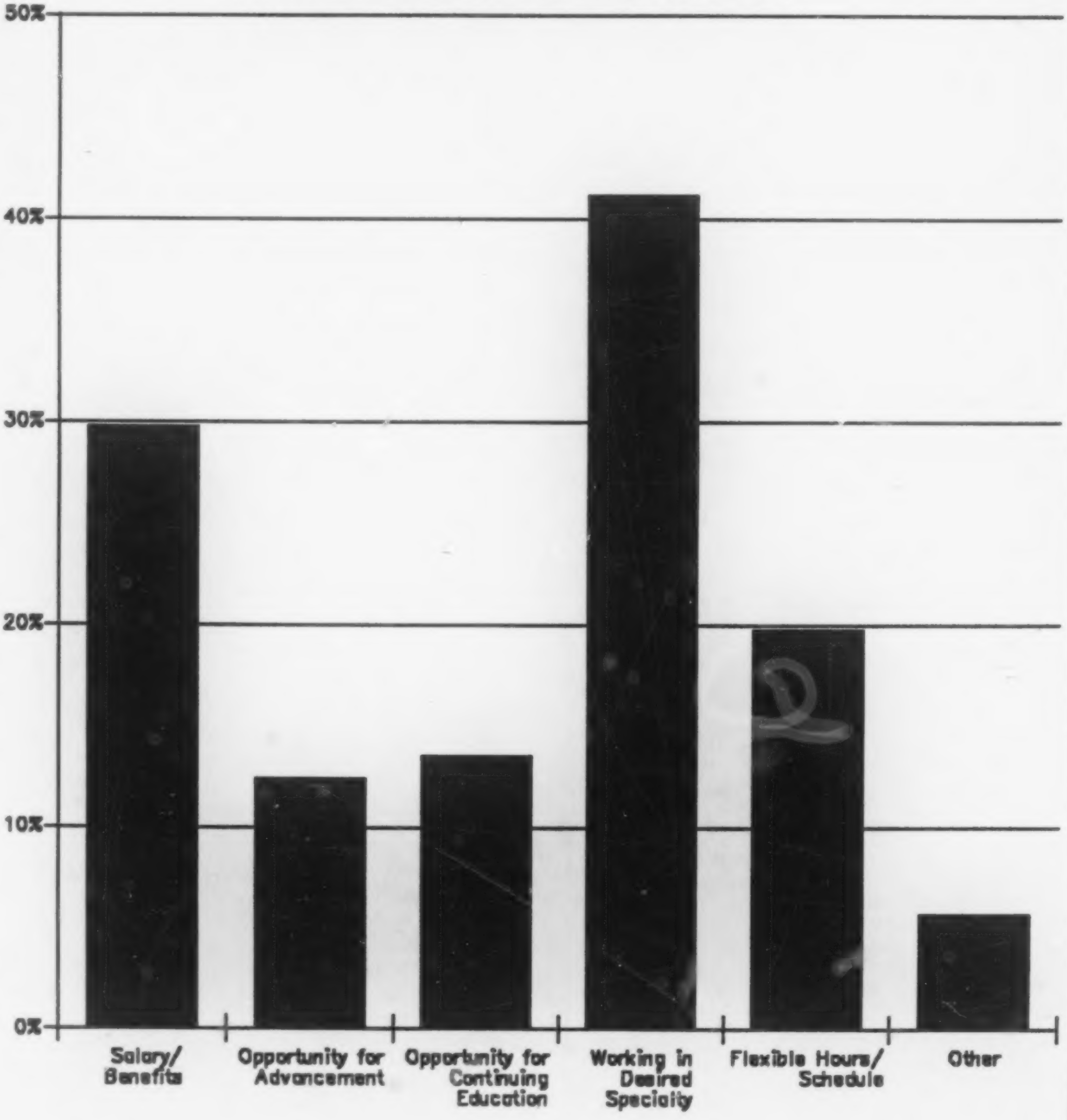


*Multiple responses were allowed for this question.
Therefore, the sum of all responses will be
greater than 100 percent.

MAIN SOURCE OF JOB SATISFACTION OF NEWLY LICENSED NURSES, 1990

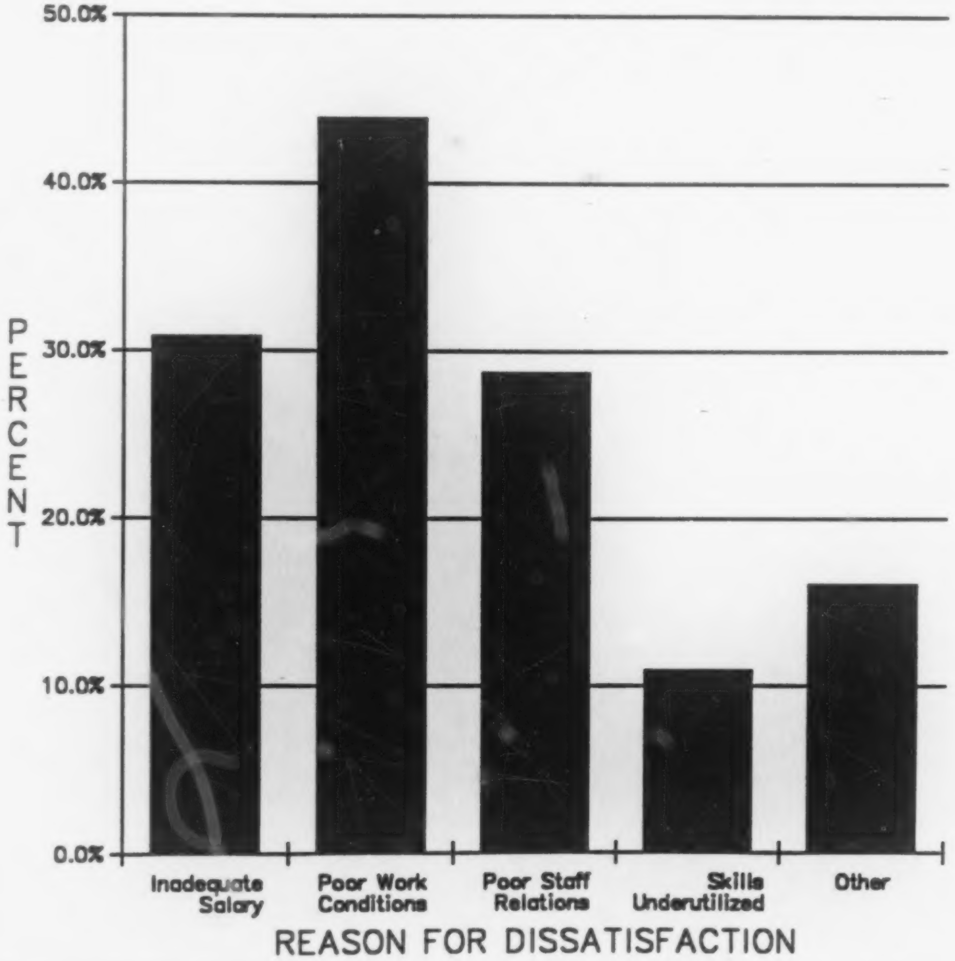
New England Region

Respondents most often cited "working in desired specialty" as their main source of satisfaction.



MAIN SOURCE OF JOB DISSATISFACTION BY NEWLY LICENSED NURSES

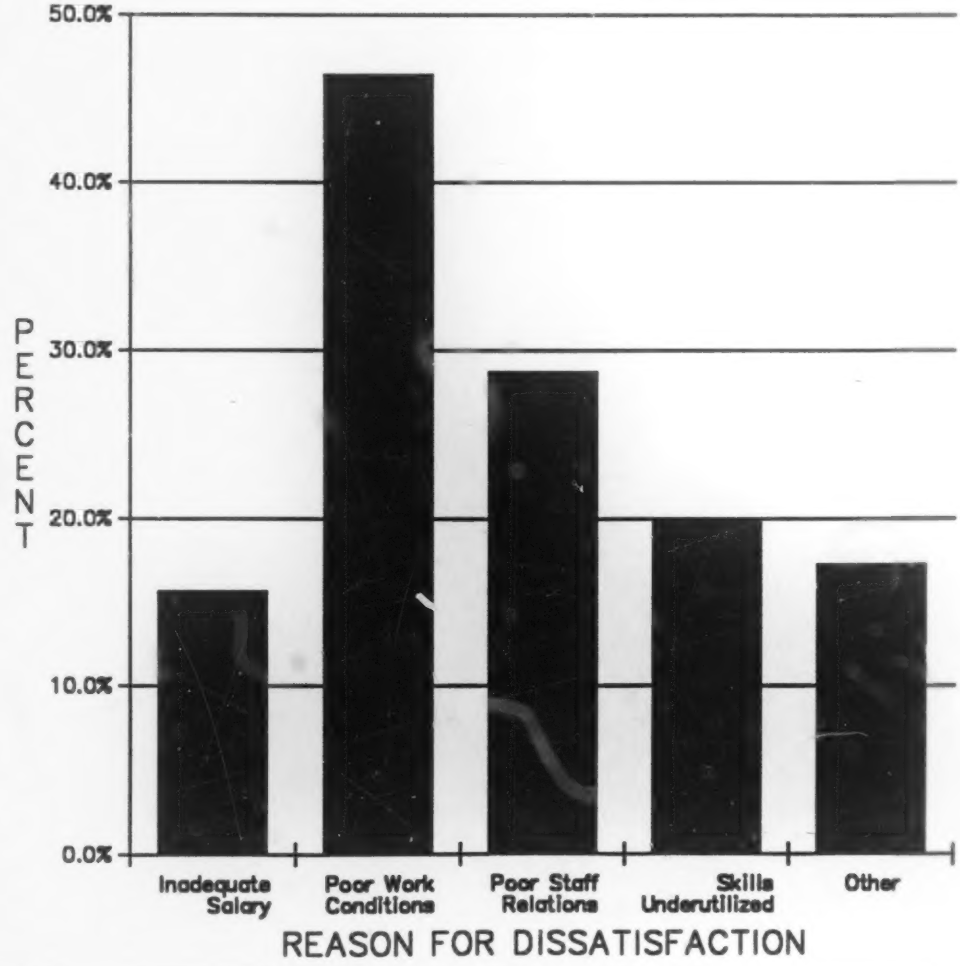
"Poor working conditions" was most often cited as a source of job dissatisfaction, followed by "inadequate salary" and "poor staff relations."



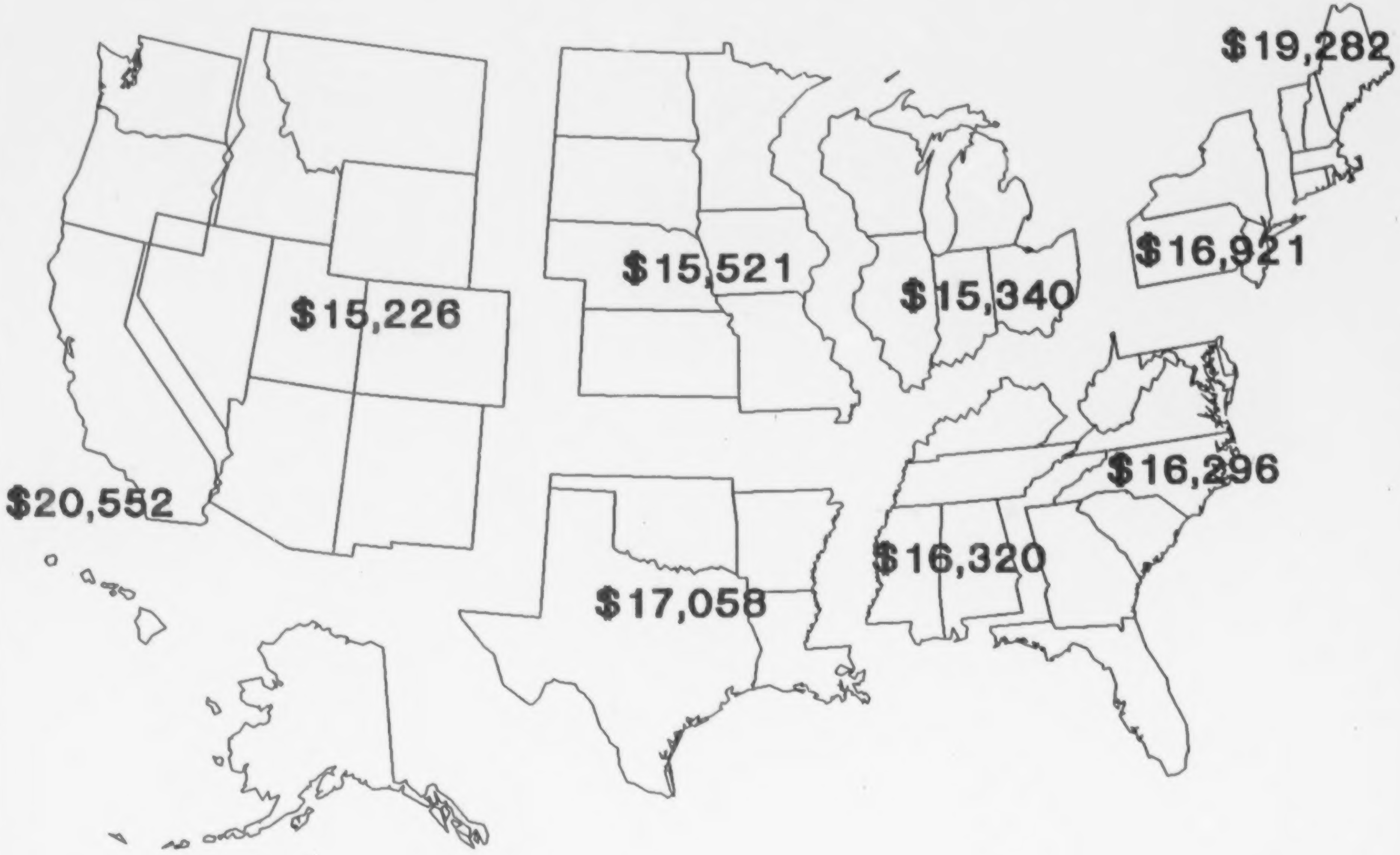
MAIN SOURCE OF JOB DISSATISFACTION AMONG NEWLY LICENSED NURSES, 1990

New England Region

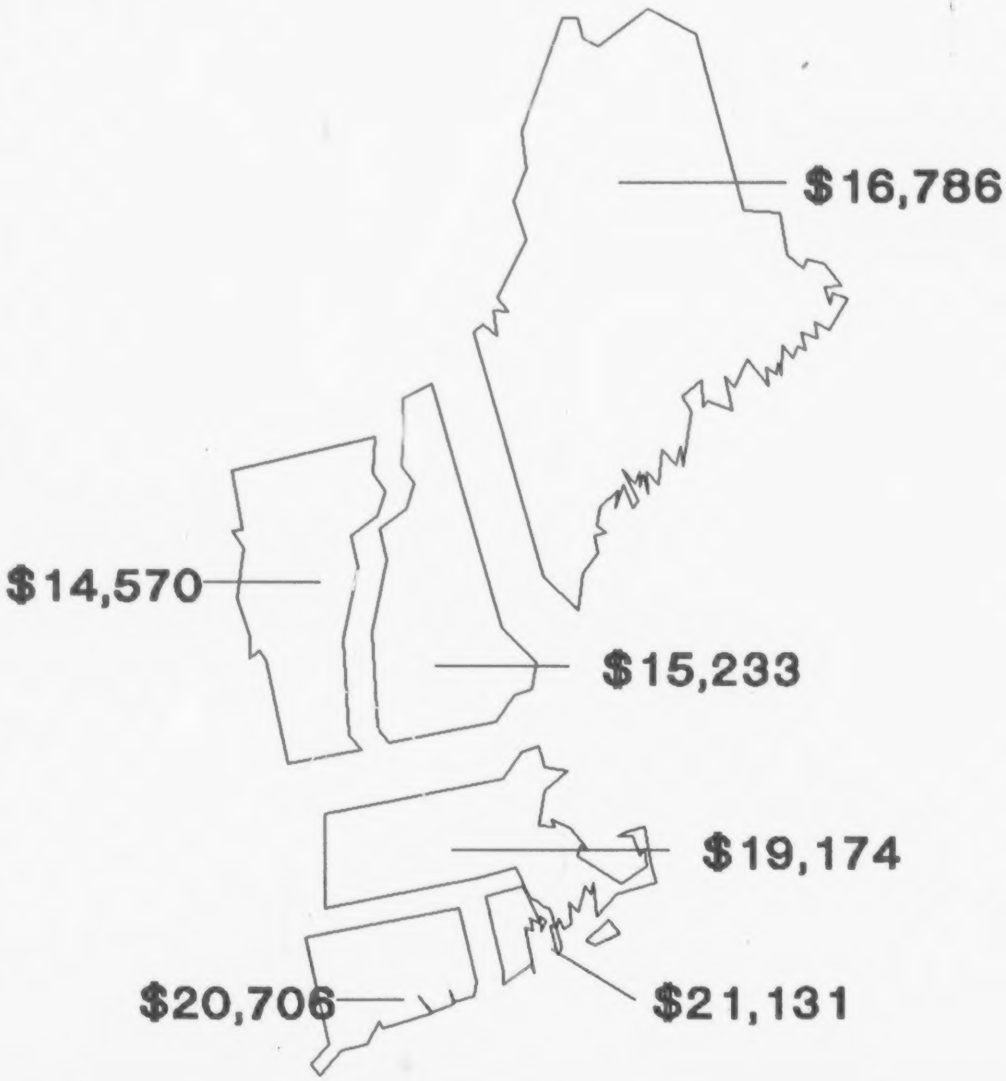
"Poor working conditions" was ranked highest as a source of job dissatisfaction. "Poor staff relations" ranked second and "skills underutilized" third.



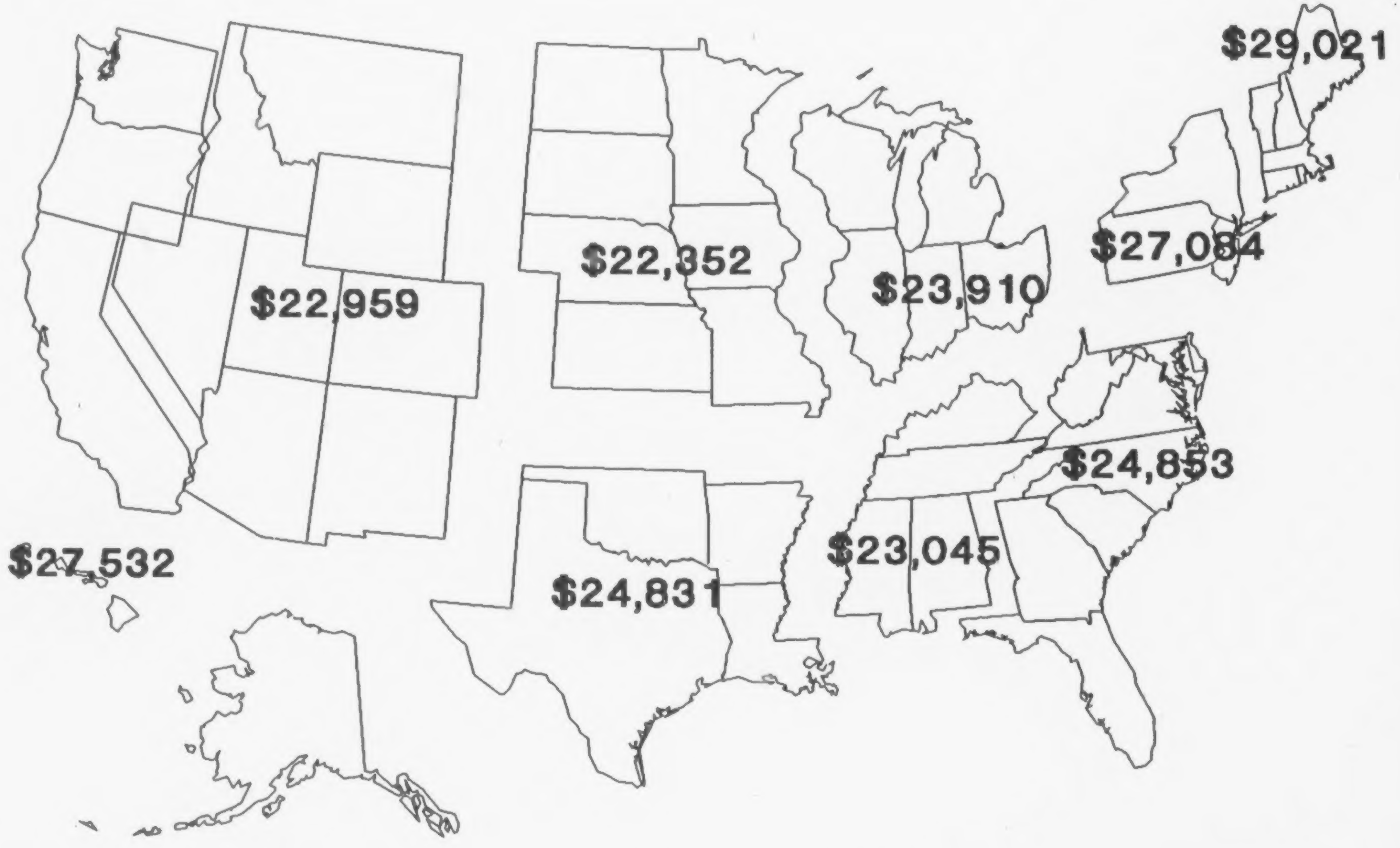
Mean Part-Time Salaries


$19,282
$16,921
$15,521
$15,340
$15,226
$16,296
$20,552
$16,320
$17,058

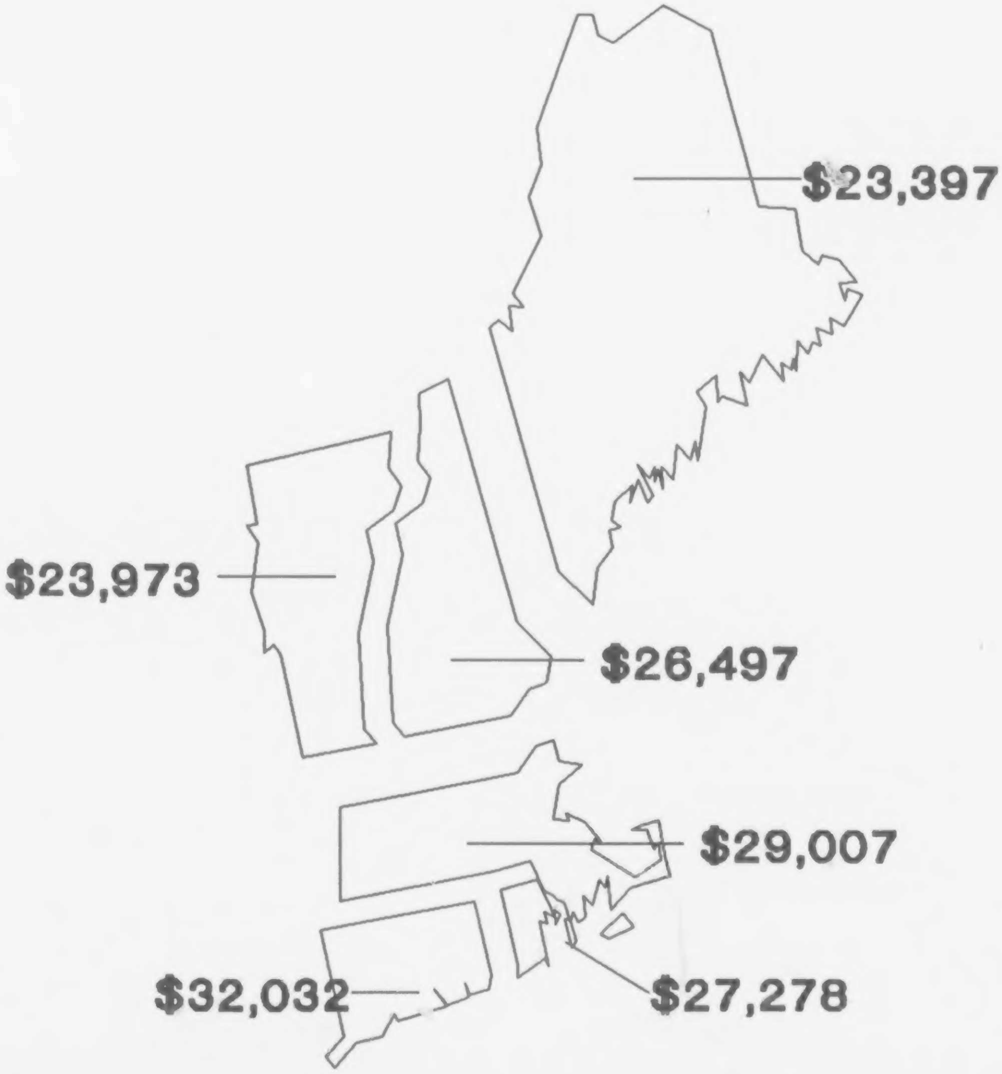
Mean Part-time Salaries
New England Region


$16,786
$14,570
$15,233
$19,174
$20,706
$21,131

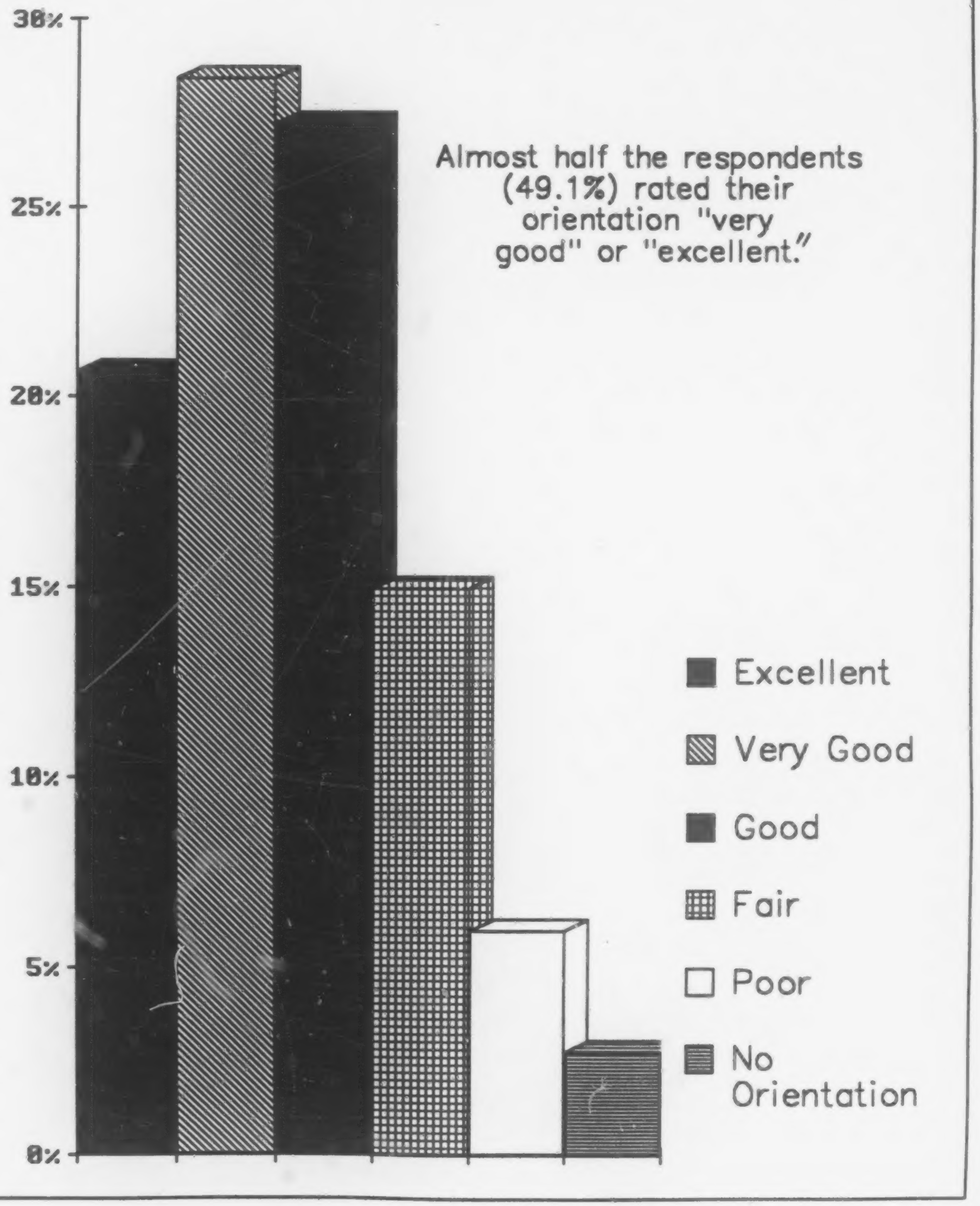
Mean Full-time Salaries


$29,021
$27,084
$22,352
$23,910
$22,959
$24,853
$27,532
$23,045
$24,831

Mean Full-time Salaries
New England Region

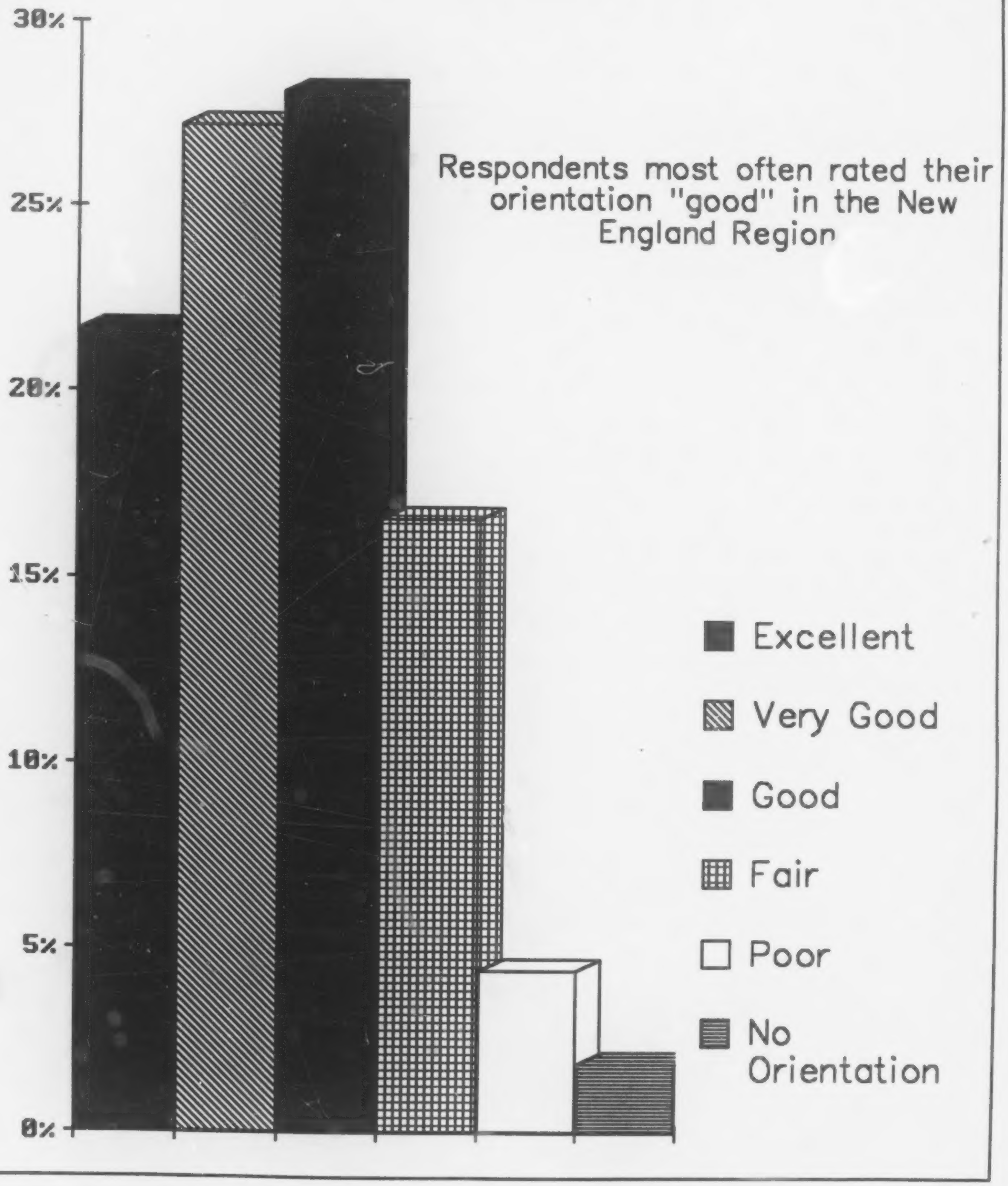

$23,397
$23,973
$26,497
$29,007
$32,032
$27,278

PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES, 1990



Almost half the respondents (49.1%) rated their orientation "very good" or "excellent."

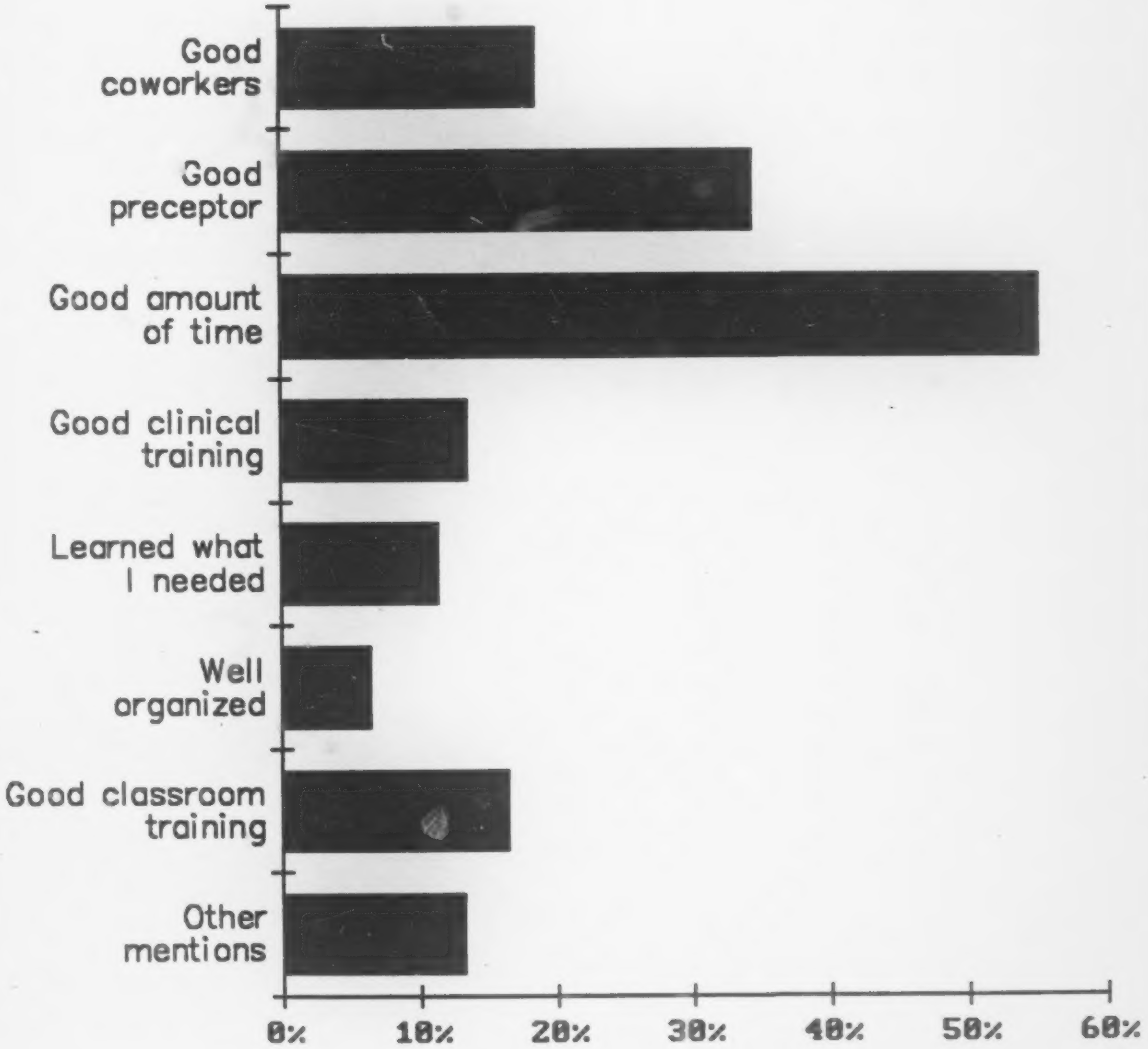
PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES, 1990
New England Region



Respondents most often rated their orientation "good" in the New England Region

*Positive Evaluation of Orientations Among Newly Licensed Nurses

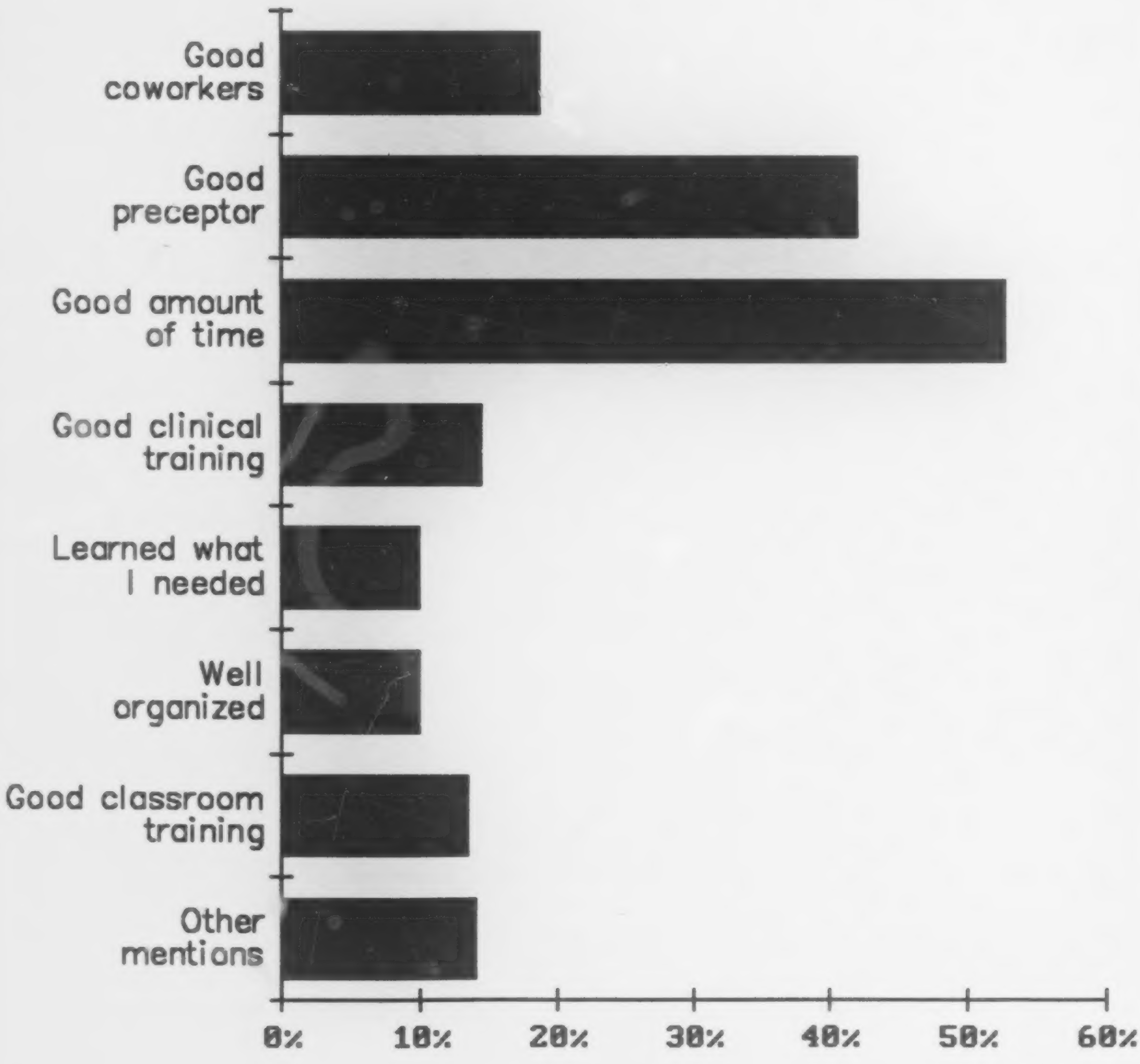
New nurses most often cited "good amount of time" as a reason for their positive evaluation.



*Multiple responses were allowed for this question. Therefore, the sum of all responses will be greater than 100 percent.
*Positive = excellent and very good.

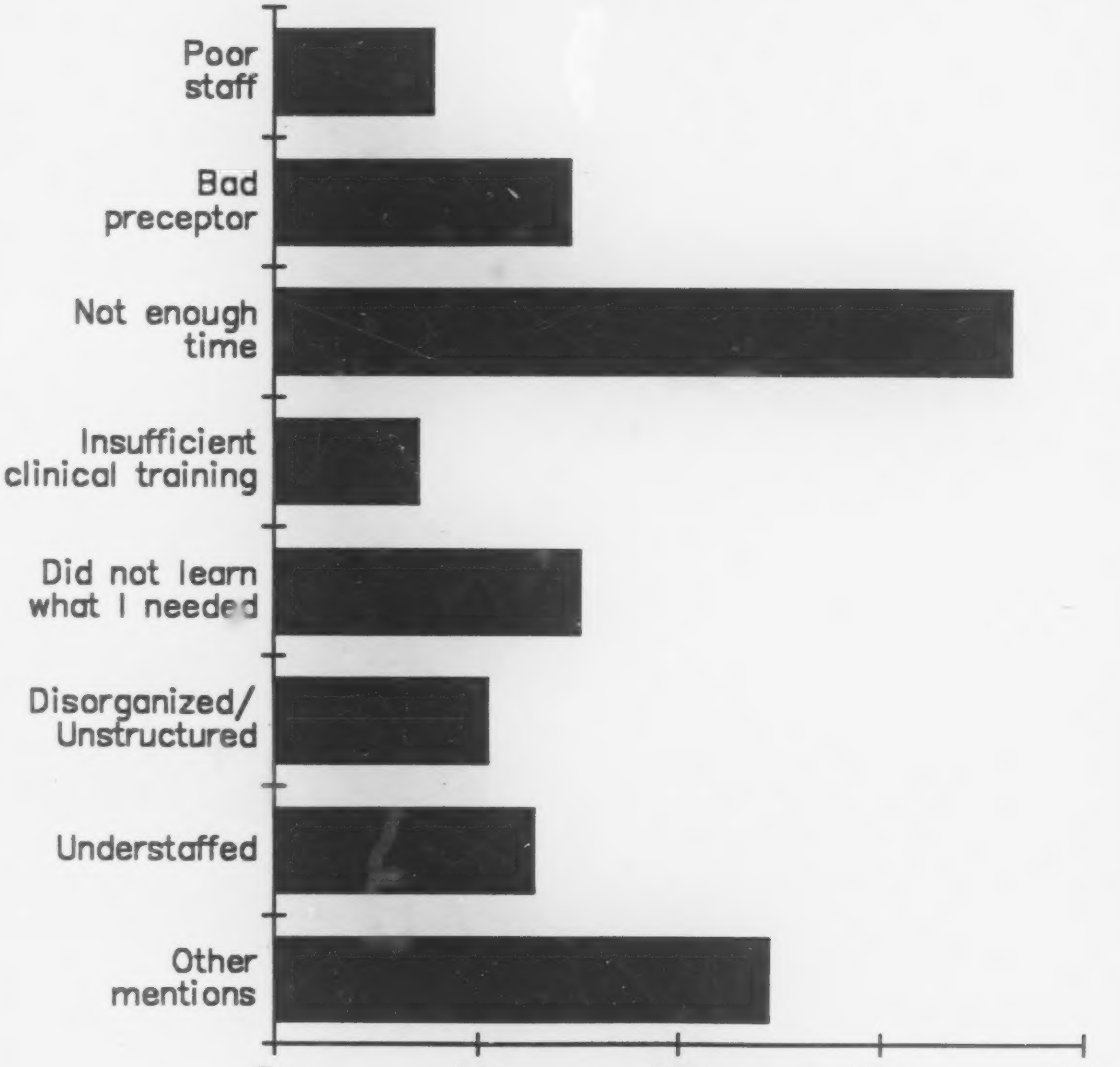
Positive Evaluation of Orientations Among Newly Licensed Nurses
New England Region

New nurses most often cited "good amount of time" as a reason for their positive evaluation. Followed closely by "good preceptor."



*Neutral or Negative Evaluation of Orientations Among Newly Licensed Nurses

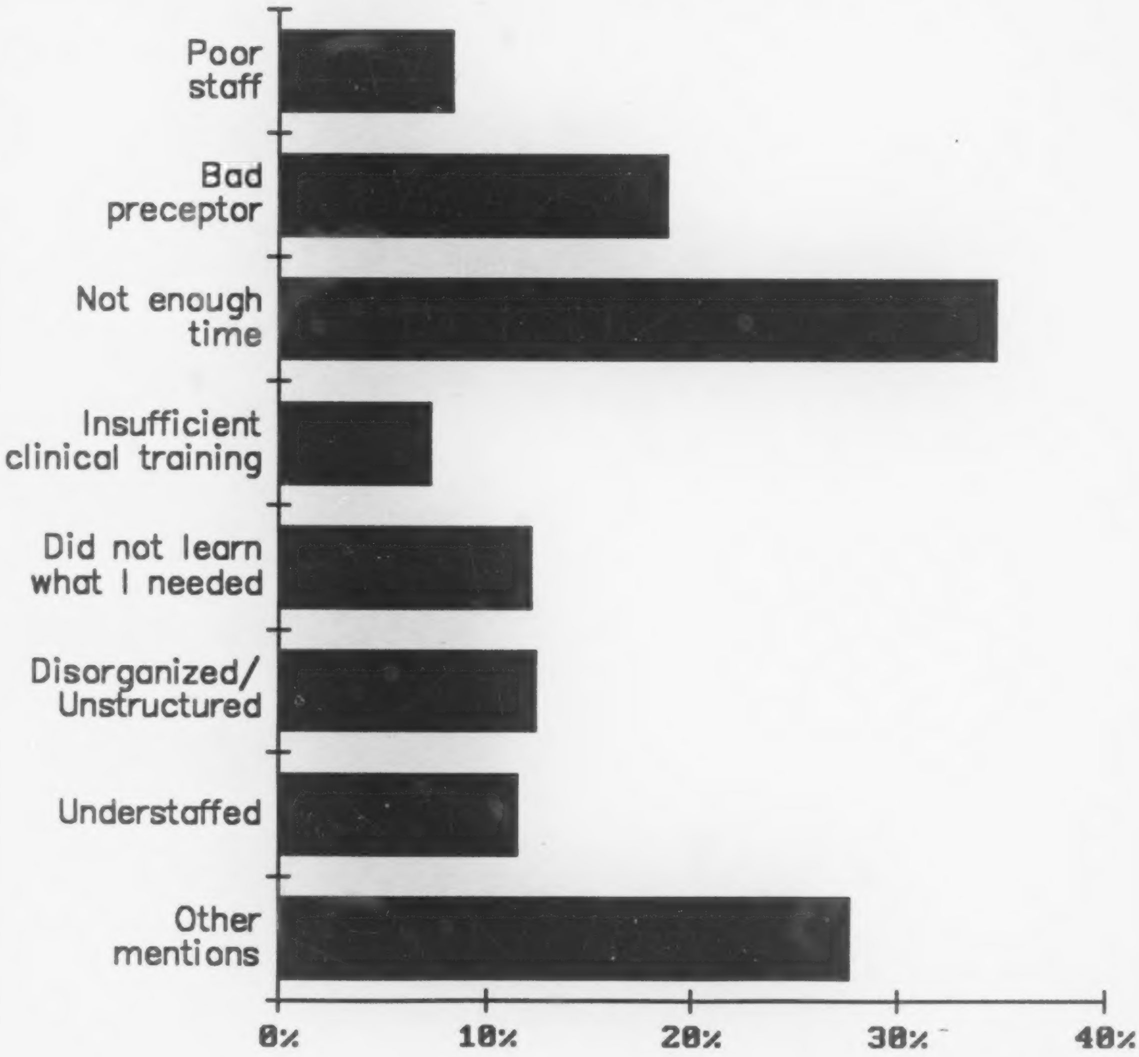
New nurses most often cited "not enough time" as a reason for their neutral or negative evaluation.



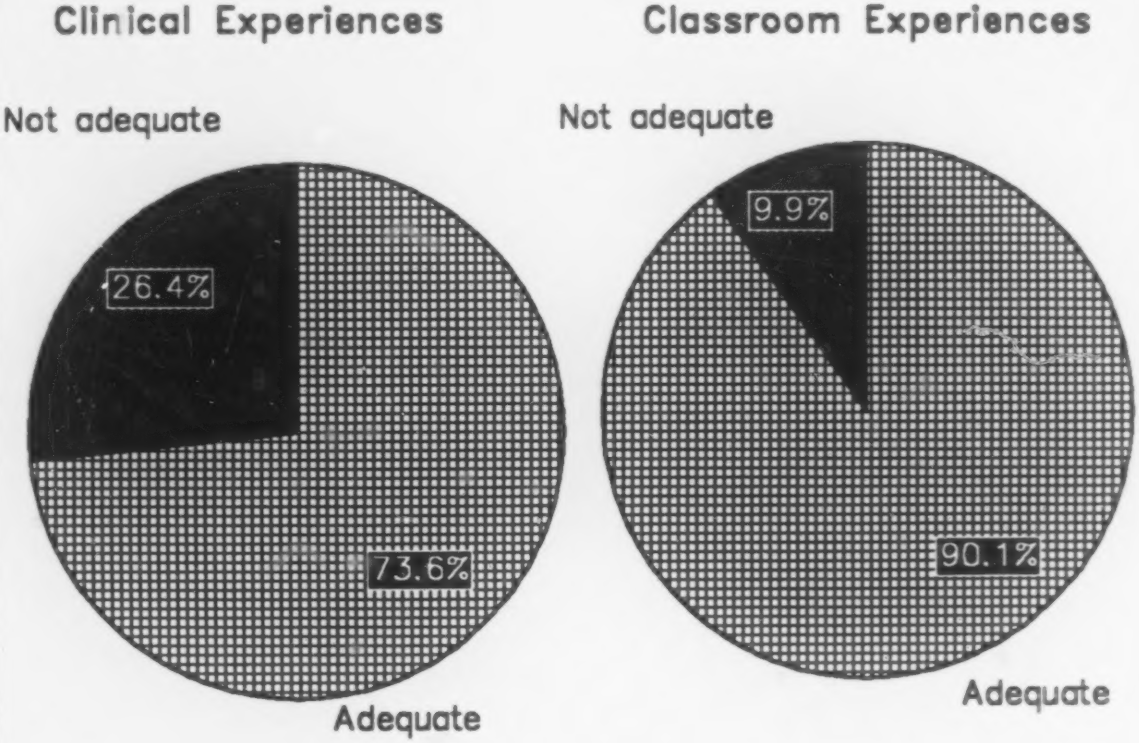
*Multiple responses were allowed for this question. Therefore, the sum of all responses will be greater than 100 percent.
*Neutral or negative = good, fair or poor.

Neutral or Negative Evaluation of Orientations Among Newly Licensed Nurses New England Region

New nurses most often cited "not enough time" as a reason for their neutral or negative evaluation.



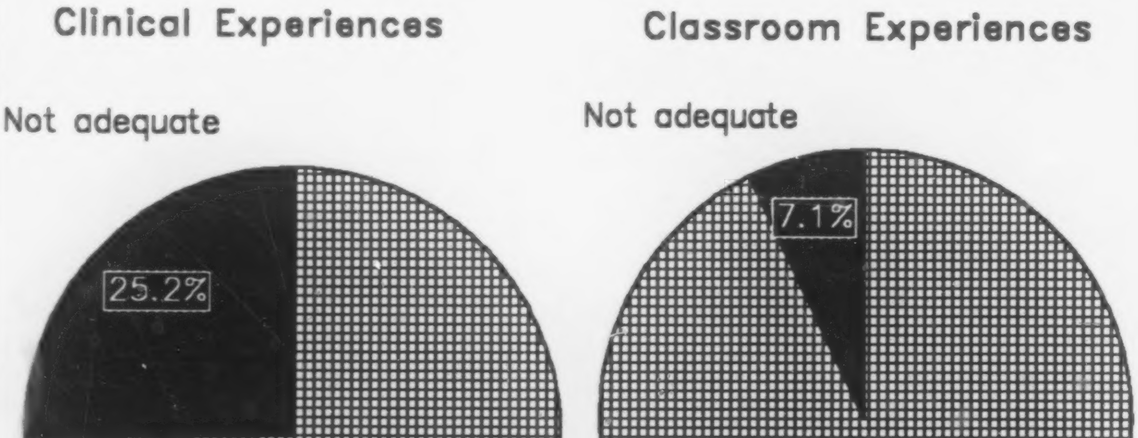
PERCEIVED ADEQUACY OF NURSING EDUCATION AMONG NEWLY LICENSED NURSES, 1990



Almost three–quarters of newly licensed nurses felt their clinical experiences were adequate for their current job. A larger 90% felt their classroom experiences were adequate.

PERCEIVED ADEQUACY OF NURSING EDUCATION AMONG NEWLY LICENSED NURSES, 1990

New England Region



Clinical experiences received a lower approval rating (75%) than classroom experiences (93%).

Section 3
CMSA Analysis: Numeric Tables

Analysis of Consolidated Metropolitan Statistical Areas

American society is increasingly centralized around the major urban cities—New York, Los Angeles, Chicago, and Houston. Health care services, particularly hospitals, are also concentrated within metropolitan areas. This special analysis of newly licensed nurses in what the Census Bureau terms Consolidated Metropolitan Statistical Areas (CMSAs), has been provided to assist health care executives in gaining a better understanding of the trends in America's largest cities. Great variation exists among the different regions of the country in relation to the demographic and employment characteristics of the nation's newly licensed nurses. Similarly, the unique financial and demographic circumstances within each metropolitan area result in vastly different local economies and labor forces.

A selected group of tables has been designed to highlight some of the differences among the various CMSAs. Keep in mind that the upcoming figures are based on the responses of those newly licensed nurses currently residing or working in a CMSA *only* and represent approximately one-quarter of the total cohort of new RNs. For a fuller and more meaningful understanding of the trends, these CMSA data may be compared with the national and regional figures presented in the earlier sections of this report.

Table CMSA-1
NUMBER OF NEWLY LICENSED NURSES BY CMSA AND TYPE OF NURSING EDUCATIONAL PROGRAM

			PROGRAM TYPE					
	TOTAL		DIPLOMA		ASSOCIATE DEGREE		BACCALAUREATE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,540	100.0	738	9.8	4,129	54.8	2,673	35.5
BOSTON-LAWRENCE-SALEM	385	100.0	53	13.8	186	48.3	146	37.9
BUFFALO-NIAGARA FALLS	192	100.0	13	6.8	105	54.7	74	38.5
CHICAGO-GARY-LAKE CO	663	100.0	30	4.5	351	52.9	282	42.5
CINCINNATI-HAMILTON	246	100.0	48	19.5	127	51.6	71	28.9
CLEVELAND-AKRON-LORAINE	401	100.0	72	18.0	168	41.9	161	40.1
DALLAS-FORT WORTH	218	100.0			126	57.8	92	42.2
DENVER-BOULDER	156	100.0	3	1.9	90	57.7	63	40.4
DETROIT-ANN ARBOR	583	100.0	23	3.9	344	59.0	216	37.0
HOUSTON-GALVESTON-BROZONA	244	100.0			172	70.5	72	29.5
LA-ANAHEIM-RIVERSIDE	718	100.0	39	5.4	574	79.9	105	14.6
MIAMI-FORT LAUDERDALE	109	100.0	10	9.2	57	52.3	42	38.5
MILWAUKEE-RACINE	167	100.0	13	7.8	66	39.5	88	52.7
NEW YORK-NEW JERSEY	1,275	100.0	147	11.5	658	51.6	470	36.9
PHILA-WILMINGTON-TRENTON	921	100.0	152	16.5	431	46.8	338	36.7
PITTSBURGH-BEAVER VALLEY	472	100.0	131	27.8	190	40.3	151	32.0
PORTLAND-VANCOUVER	158	100.0			80	50.6	78	49.4
SF-OAKLAND-SAN JOSE	424	100.0	3	.7	282	66.5	139	32.8
SEATTLE-TACOMA	208	100.0	1	.5	122	58.7	85	40.9

Table 1: Number of Newly Licensed Nurses by CMSA and Type of Nursing Education

A majority (54.8%) of new RNs residing in a CMSA graduated from an associate degree program. More than a third prepared at the baccalaureate level and about 10% received diplomas. As a group, new RNs living in cities are *less* likely to have studied at the ADN level when compared to the rest of the newly licensed nurse cohort.

The greatest proportion of diploma graduates are situated in the Pittsburgh area and the largest proportion of baccalaureate graduates are located in Milwaukee. Associate degree graduates are most prevalent in Los Angeles.

Table CMSA-2
NEWLY LICENSED NURSES BY CMSA AND JOB HUNTING EXPERIENCES

			JOB HUNTING EXPERIENCES									
	TOTAL		MANY JOBS		FAIR NUMBER		VERY FEW		CAN'T SAY-TOOK JOB AT CLINICAL SITE		CAN'T SAY-VOLUNTARILY UNEMPLOYED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,491	100.0	4,959	66.2	1,500	20.0	130	1.7	830	11.1	72	1.0
METROPOLITAN AREA												
BOSTON LAWRENCE SALEM	392	100.0	130	33.2	144	36.7	43	11.0	71	18.1	4	1.0
BUFFALO NIAGARA FALLS	192	100.0	126	65.6	37	19.3	3	1.6	24	12.5	2	1.0
CHICAGO GARY LAKE CO	659	100.0	482	73.1	109	16.5	7	1.1	56	8.5	5	.8
CINCINNATI HAMILTON	245	100.0	161	65.7	37	15.1	8	3.3	35	14.3	4	1.6
CLEVELAND AKRON LORAINE	408	100.0	254	62.3	90	22.1	2	.5	61	15.0	1	.2
DALLAS FORT WORTH	215	100.0	153	71.2	30	14.0	2	.9	27	12.6	3	1.4
DENVER BOULDER	155	100.0	104	67.1	31	20.0	3	1.9	17	11.0		
DETROIT ANN ARBOR	579	100.0	421	72.7	83	14.3	9	1.6	60	10.4	6	1.0
HOUSTON GALVESTON BROZONA	242	100.0	197	81.4	23	9.5	1	.4	19	7.9	2	.8
LA ANAHEIM RIVERSIDE	709	100.0	446	62.9	170	24.0	15	2.1	71	10.0	7	1.0
MIAMI FORT LAUDERDALE	108	100.0	73	67.6	26	24.1	1	.9	7	6.5	1	.9
MILWAUKEE RACINE	167	100.0	119	71.3	33	19.8	2	1.2	11	6.6	2	1.2
NEW YORK NEW JERSEY	1,256	100.0	853	67.9	250	19.9	10	.8	130	10.4	13	1.0
PHILA WILMINGTON TRENTON	913	100.0	605	66.3	163	17.9	8	.9	132	14.5	5	.5
PITTSBURGH BEAVER VALLEY	466	100.0	361	77.5	60	12.9	3	.6	40	8.6	2	.4
PORTLAND VANCOUVER	155	100.0	91	58.7	42	27.1	4	2.6	14	9.0	4	2.6
SF OAKLAND SAN JOSE	423	100.0	267	63.1	107	25.3	5	1.2	34	8.0	10	2.4
SEATTLE TACOMA	207	100.0	116	56.0	65	31.4	4	1.9	21	10.1	1	.5

Table 2: Newly Licensed Nurses by CMSA and Job Hunting Experiences

Demand for newly licensed nurses nationwide is great and two-thirds of new RNs residing in CMSAs claim that "many jobs" were available when the were job hunting. However, great diversity exists among the different CMSAs with over 80% of new RNs in Houston stating that "many jobs" were available and only 33% of Boston's new RNs stating the same.

Table CMSA-3
NEWLY LICENSED NURSES BY CMSA AND EMPLOYMENT SETTING

	TOTAL		EMPLOYMENT SETTING							
			HOSPITAL		NURSING HOME		COMMUNITY/HOME/ PUBLIC HEALTH AGENCY		SCHOOL NURSE/ PHYSICIAN'S OFFICE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,194	100.0	6,785	94.3	191	2.7	134	1.9	84	1.2
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	372	100.0	343	92.2	18	4.8	7	1.9	4	1.1
BUFFALO-NIAGARA FALLS	182	100.0	167	91.8	7	3.8	4	2.2	4	2.2
CHICAGO-GARY-LAKE CO	640	100.0	610	95.3	11	1.7	12	1.9	7	1.1
CINCINNATI-HAMILTON	231	100.0	213	92.2	11	4.8	4	1.7	3	1.3
CLEVELAND-AKRON-LORAINE	393	100.0	372	94.7	15	3.8	5	1.3	1	.3
DALLAS-FORT WORTH	208	100.0	188	90.4	4	1.9	6	2.9	10	4.8
DENVER-BOULDER	151	100.0	142	94.0	4	2.6	4	2.6	1	.7
DETROIT-ANN ARBOR	566	100.0	541	95.6	11	1.9	12	2.1	2	4
HOUSTON-GALVESTON-BROZONA	230	100.0	216	93.9			6	2.6	8	3.5
LA-ANAHEIM-RIVERSIDE	684	100.0	653	95.5	6	9	12	1.8	13	1.9
MIAMI-FORT LAUDERDALE	107	100.0	104	97.2	1	9	2	1.9		
MILWAUKEE-RACINE	162	100.0	147	90.7	13	8.0	1	6	1	6
NEW YORK-NEW JERSEY	1,211	100.0	1,139	94.1	35	2.9	30	2.5	7	.6
PHILA-WILMINGTON-TRENTON	879	100.0	841	95.7	20	2.3	11	1.3	7	.8
PITTSBURGH-BEAVER VALLEY	449	100.0	428	95.3	10	2.2	6	1.3	5	1.1
PORTLAND-VANCOUVER	147	100.0	134	91.2	9	6.1	1	7	3	2.0
SF-OAKLAND-SAN JOSE	392	100.0	383	97.7	4	1.0	3	8	2	.5
SEATTLE-TACOMA	190	100.0	164	86.3	12	6.3	8	4.2	6	3.2

Table 3: Newly Licensed Nurses by CMSA and Employment Setting

Over 94% of new RNs residing in cities work in hospitals. This figure is sightly larger than that of the national figure of 91% suggesting that, in metropolitan areas, more opportunities are available in acute care settings. Among the CMSAs, Seattle contains the greatest percentage of new RNs employed in nursing homes and community/public health and Dallas contains the largest percentage working in schools and/or physician's offices.

Table CMSA-4
NEWLY LICENSED NURSES BY CMSA AND SIZE OF HOSPITAL OF EMPLOYMENT*

			HOSPITAL SIZE							
	TOTAL		6 TO 99 BEDS		100 TO 299 BEDS		300 TO 499 BEDS		500 BEDS OR MORE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	5,136	100.0	195	3.8	1,419	27.6	1,666	32.4	1,856	36.1
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	255	100.0	13	5.1	97	38.0	89	34.9	56	22.0
BUFFALO-NIAGARA FALLS	124	100.0	5	4.0	28	22.6	39	31.5	52	41.9
CHICAGO-GARY-LAKE CO	442	100.0	22	5.0	114	25.8	146	33.0	160	36.2
CINCINNATI-HAMILTON	159	100.0	6	3.8	52	32.7	57	35.8	44	27.7
CLEVELAND-AKRON-LORAINE	281	100.0	11	3.9	69	24.6	76	27.0	125	44.5
DALLAS-FORT WORTH	142	100.0	11	7.7	39	27.5	35	24.6	57	40.1
DENVER-BOULDER	108	100.0	1	.9	42	38.9	44	40.7	21	19.4
DETROIT-ANN ARBOR	415	100.0	11	2.7	84	20.2	123	29.6	197	47.5
HOUSTON-GALVESTON-BROZONA	169	100.0	11	6.5	50	29.6	33	19.5	75	44.4
LA-ANAHEIM-RIVERSIDE	504	100.0	25	5.0	159	31.5	175	34.7	145	28.8
MIAMI-FORT LAUDERDALE	82	100.0	1	1.2	20	24.4	21	25.6	40	48.8
MILWAUKEE-RACINE	100	100.0	4	4.0	41	41.0	37	37.0	18	18.0
NEW YORK-NEW JERSEY	871	100.0	11	1.3	154	17.7	283	32.5	423	48.6
PHILA-WILMINGTON-TRENTON	640	100.0	24	3.7	216	33.7	200	31.3	200	31.3
PITTSBURGH-BEAVER VALLEY	348	100.0	7	2.0	85	24.4	117	33.6	139	39.9
PORTLAND-VANCOUVER	92	100.0	8	8.7	20	21.7	47	51.1	17	18.5
SF-OAKLAND-SAN JOSE	283	100.0	13	4.6	112	39.6	97	34.3	61	21.6
SEATTLE-TACOMA	121	100.0	11	9.1	37	30.6	47	38.8	26	21.5

*ASKED ONLY [illegible] EMPLOYED IN HOSPITALS

Table 4: Newly Licensed Nurses by CMSA and Size of Hospital

There is little variation in the size of the hospitals in which newly licensed nurses are employed. Less than 10% separates the newly licensed nurses employed in hospitals containing 100 to 299 beds and those working in institutions with 500 or more beds. A very small group of newly licensed nurses are employed in hospitals with less than 100 beds.

Table CMSA-5

NEWLY LICENSED NURSES BY CMSA AND LENGTH OF JOB HUNT

	TOTAL		LENGTH OF JOB HUNT—EMPLOYED IN NURSING							
			FOUND BEFORE GRADUATION		ONE MONTH OR LESS		2 TO 3 MONTHS		4 TO 6 MONTHS	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,334	100.0	5.654	77.1	1,123	15.3	393	5.4	164	2.2
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	378	100.0	287	75.9	48	12.7	31	8.2	12	3.2
BUFFALO-NIAGARA FALLS	186	100.0	146	78.5	29	15.6	9	4.8	2	1.1
CHICAGO-GARY-LAKE CO	647	100.0	489	75.6	113	17.5	35	5.4	10	1.5
CINCINNATI-HAMILTON	238	100.0	202	84.9	25	10.5	7	2.9	4	1.7
CLEVELAND-AKRON-LORAINE	399	100.0	336	84.2	47	11.8	15	3.8	1	.3
DALLAS-FORT WORTH	211	100.0	169	80.1	31	14.7	8	3.8	3	1.4
DENVER-BOULDER	154	100.0	124	[illegible].5	23	14.9	7	4.5		
DETROIT-ANN ARBOR	570	100.0	462	81.1	71	12.5	25	4.4	12	2.1
HOUSTON-GALVESTON-BROZONA	236	100.0	180	76.3	47	19.9	4	1.7	5	2.1
LA-ANAHEIM-RIVERSIDE	695	100.0	461	66.3	162	23.3	47	6.8	25	3.6
MIAMI-FORT LAUDERDALE	107	100.0	70	65.4	27	25.2	7	6.5	3	2.8
MILWAUKEE-RACINE	164	100.0	130	79.3	25	15.2	7	4.3	2	1.2
NEW YORK-NEW JERSEY	1.234	100.0	882	71.5	203	16.5	103	8.3	46	3.7
PHILA-WILMINGTON-TRENTON	900	100.0	796	88.4	73	8.1	25	2.8	6	.7
PITTSBURGH-BEAVER VALLEY	461	100.0	403	87.4	42	9.1	12	2.6	4	.9
PORTLAND-VANCOUVER	151	100.0	115	76.2	22	14.6	8	5.3	6	4.0
SF-OAKLAND-SAN JOSE	400	100.0	259	64.7	101	25.2	23	5.7	17	4.2
SEATTLE-TACOMA	203	100.0	143	70.4	34	16.7	20	9.9	6	3.0

Table 5: Newly Licensed Nurses by CMSA and Length of Job Hunt

The length of time necessary to find a job is a good measure of demand and, generally speaking, over 90% of newly licensed nurses in CMSAs found jobs before or within one month of graduation indicating that demand for new RNs is very strong. The degree of demand, however, varies among the nation's cities. New RNs in the New York/New Jersey CMSA and the Seattle-Tacoma area state that it took slightly longer to find a job than their counterparts in the rest of the [illegible]ntry. Nurses in the two CMSAs in Pennsylvania reported greater ease in locating their first job.

Table CMSA-6
NEWLY LICENSED NURSES BY CMSA AND ACTIVITY STATUS

			ACTIVITY STATUS					
	TOTAL		FULL-TIME		PART-TIME <20 HOURS		PART TIME 20+	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,332	100.0	6,181	84.3	202	2.8	949	12.9
METROPOLITAN AREA								
BOSTON-LAWRENCE-SALEM	379	100.0	306	80.7	14	3.7	59	15.6
BUFFALO-NIAGARA FALLS	184	100.0	157	85.3	5	2.7	22	12.0
CHICAGO-GARY-LAKE CO	647	100.0	541	83.6	14	2.2	92	14.2
CINCINNATI-HAMILTON	238	100.0	189	79.4	8	3.4	41	17.2
CLEVELAND-AKRON-LORAINE	400	100.0	358	89.5	8	2.0	34	8.5
DALLAS-FORT WORTH	211	100.0	197	93.4	1	.5	13	6.2
DENVER-BOULDER	153	100.0	134	87.6	3	2.0	16	10.5
DETROIT-ANN ARBOR	572	100.0	455	79.5	28	4.9	89	15.6
HOUSTON-GALVESTON-BROZONA	237	100.0	222	93.7	5	2.1	10	4.2
LA-ANAHEIM-RIVERSIDE	694	100.0	564	81.3	32	4.6	98	14.1
MIAMI-FORT LAUDERDALE	109	100.0	94	86.2	3	2.8	12	11.0
MILWAUKEE-RACINE	164	100.0	140	85.4	3	1.8	21	12.8
NEW YORK-NEW JERSEY	1,232	100.0	1,101	89.4	31	2.5	100	8.1
PHILA-WILMINGTON-TRENTON	898	100.0	760	84.6	19	2.1	119	13.3
PITTSBURGH-BEAVER VALLEY	462	100.0	441	95.5	7	1.5	14	3.0
PORTLAND-VANCOUVER	151	100.0	125	82.8	1	.7	25	16.6
SF-OAKLAND-SAN JOSE	399	100.0	239	59.9	12	3.0	148	37.1
SEATTLE-TACOMA	202	100.0	158	78.2	8	4.0	36	17.8

Table 6: Newly Licensed Nurses by CMSA and Activity Status

A large majority (84.3%) of new RNs in CMSAs are employed full-time and an additional 13% are working part-time, 20 hours or more a week. Newly licensed nurses in San Francisco are *least* likely to work full-time and new RNs in Pittsburgh are *most* likely to work full-time.

Table CMSA-7

REASON FOR CHOOSING CURRENT POSITION AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		PRIOR EXPERIENCE		SALARY BENEFITS		REPUTATION OF INSTITUTION		LOCATION		CHOSEN SPECIALTY		SHIFT/HOURS		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	7,846	28.0	2,195	11.9	934	15.9	1,250	12.6	991	32.2	2,527	2.5	198	5.6	443
BOSTON-LAWRENCE-SALEM	100.0	403	30.5	123	13.4	54	19.6	79	11.7	47	26.6	107	1.7	7	5.2	21
BUFFALO-NIAGARA FALLS	100.0	199	34.2	68	11.6	23	13.1	26	16.1	32	28.1	56	2.5	5	4.0	8
CHICAGO-GARY-LAKE CO	100.0	708	28.7	203	12.4	88	16.5	117	14.3	101	26.6	188	2.4	17	5.8	41
CINCINNATI-HAMILTON	100.0	247	34.4	85	10.1	25	10.5	26	10.5	26	35.6	88	2.0	5	5.7	14
CLEVELAND-AKRON-LORAINE	100.0	431	31.1	134	11.1	48	14.6	63	10.7	46	33.9	146	3.2	14	8.1	35
DALLAS-FORT WORTH	100.0	232	19.8	46	9.1	21	13.4	31	9.9	23	46.6	108	3.0	7	4.3	10
DENVER-BOULDER	100.0	160	20.0	32	12.5	20	18.8	30	6.9	11	38.1	61	3.1	5	8.7	15
DETROIT-ANN ARBOR	100.0	603	34.5	208	10.3	62	11.6	70	11.4	69	32.3	195	3.2	19	4.0	24
HOUSTON-GALVESTON-BROZONA	100.0	248	21.4	53	11.3	28	12.1	30	14.5	36	37.1	92	2.4	6	5.2	13
LA-ANAHEIM-RIVERSIDE	100.0	748	24.5	183	13.0	97	16.4	123	12.4	93	36.5	273	2.4	18	6.1	46
MIAMI-FORT LAUDERDALE	100.0	119	30.3	36	12.6	15	11.8	14	12.6	15	31.9	38	5.0	6	7.6	9
MILWAUKEE-RACINE	100.0	172	24.4	42	13.4	23	12.2	21	7.0	12	37.8	65	4.7	8	5.2	9
NEW YORK-NEW JERSEY	100.0	1,324	28.5	378	11.2	148	18.1	239	14.7	194	28.9	382	2.6	34	5.4	72
PHILA-WILMINGTON-TRENTON	100.0	967	27.9	270	11.0	106	16.4	159	12.6	122	32.1	310	2.5	24	5.9	57
PITTSBURGH-BEAVER VALLEY	100.0	484	28.1	136	15.1	73	11.6	56	15.5	75	29.5	143	1.0	5	4.5	22
PORTLAND-VANCOUVER	100.0	162	21.6	35	17.9	29	19.1	31	11.1	18	33.3	54	3.1	5	9.3	15
SF-OAKLAND-SAN JOSE	100.0	428	22.9	98	12.1	52	25.0	107	12.4	53	34.3	147	1.4	6	4.9	21
SEATTLE-TACOMA	100.0	211	30.8	65	10.4	22	13.3	28	8.5	18	35.1	74	3.3	7	5.7	12

Table 7: Reason for Choosing Current Position among Newly Licensed Nurses by CMSA

The primary factor influencing newly licensed nurses in choosing their current position is "opportunity to work in chosen specialty." "Prior experience in the institution" ranked second among the considerations for choosing their current job and "reputation of the institution" ranked third. These three factors head the list in all CMSAs except Buffalo, Cincinnati, Detroit, and Houston where "location" ranked among the top three. In Miami "salary/benefits" outranked "opportunity to work in chosen specialty."

Table CMSA-8
PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		EVALUATION OF EMPLOYMENT ORIENTATION									
			EXCELLENT		VERY GOOD		GOOD		FAIR		POOR	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,276	100.0	1,608	22.1	2,179	29.9	1937	26.6	1,008	13.9	399	5.5
BOSTON LAWRENCE SALEM	375	100.0	93	24.8	103	27.5	100	26.7	56	14.9	15	4.0
BUFFALO NIAGARA FALLS	185	100.0	27	14.6	64	34.6	54	29.2	25	13.5	13	7.0
CHICAGO GARY LAKE CO	639	100.0	139	21.8	182	28.5	181	28.3	91	14.2	42	6.6
CINCINNATI HAMILTON	237	100.0	48	20.3	80	33.8	62	26.2	28	11.8	9	3.8
CLEVELAND AKRON LORAINE	396	100.0	76	19.2	106	26.8	117	29.5	69	17.4	26	6.6
DALLAS FORT WORTH	208	100.0	53	25.5	51	24.5	48	23.1	24	11.5	19	9.1
DENVER BOULDER	153	100.0	51	33.3	43	28.1	36	23.5	13	8.5	8	5.2
DETROIT ANN ARBOR	568	100.0	125	22.0	167	29.4	158	27.8	89	15.7	18	3.2
HOUSTON GALVESTON BROZONA	235	100.0	42	17.9	68	28.9	59	25.1	39	16.6	14	6.0
LA ANAHEIM RIVERSIDE	687	100.0	143	20.8	196	28.5	180	26.2	109	15.9	41	6.0
MIAMI FORT LAUDERDALE	109	100.0	25	22.9	29	26.6	33	30.3	17	15.6	3	2.8
MILWAUKEE RACINE	164	100.0	39	23.8	63	38.4	34	20.7	22	13.4	3	1.8
NEW YORK NEW JERSEY	1,228	100.0	239	19.5	349	28.4	377	30.7	174	14.2	61	5.0
PHILA WILMINGTON TRENTON	891	100.0	191	21.4	298	33.4	224	25.1	107	12.0	63	7.1
PITTSBURGH BEAVER VALLEY	461	100.0	112	24.3	131	28.4	120	26.0	65	14.1	30	6.5
PORTLAND VANCOUVER	148	100.0	42	28.4	48	32.4	42	28.4	13	8.8	2	1.4
SF OAKLAND SAN JOSE	392	100.0	113	28.8	130	33.2	79	20.2	39	9.9	18	4.6
SEATTLE TACOMA	200	100.0	50	25.0	71	35.5	33	16.5	28	14.0	14	7.0

Table 8: [illegible]ceived Quality of Orientation among Newly Licensed Nurses by CMSA

Over half o[illegible]he new RNs in CMSAs stated that their orientation was very good or excellent. An additional 26.6% felt their orientation was good. Two percent state they had no orientation at all. Newly licensed nurses in San Francisco and Milwaukee were *more* likely to state that their orientation was very good/excellent whereas those in New York and Cleveland were *less* likely to respond so.

Table CMSA-9
NUMBER OF NURSING JOBS SINCE GRADUATION BY CMSA

	TOTAL		NUMBER OF JOBS SINCE RN LICENSURE							
			FIRST		SECOND		THIRD		FOURTH OR MORE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,342	100.0	5,961	81.5	1,158	15.8	148	2.0	55	.7
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	380	100.0	319	83.9	53	13.9	7	1.8	1	.3
BUFFALO-NIAGARA FALLS	185	100.0	157	84.9	22	11.9	4	2.2	2	1.1
CHICAGO-GARY-LAKE CO	646	100.0	522	80.8	105	16.3	15	2.3	4	.6
CINCINNATI-HAMILTON	238	100.0	188	79.0	42	17.6	8	3.4		
CLEVELAND-AKRON-LORAINE	400	100.0	323	80.7	67	16.7	5	1.2	5	1.2
DALLAS-FORT WORTH	210	100.0	160	76.2	42	20.0	5	2.4	3	1.4
DENVER-BOULDER	154	100.0	120	77.9	28	18.2	5	3.2	1	6
DETROIT-ANN ARBOR	571	100.0	456	79.9	91	15.9	17	3.0	7	1.2
HOUSTON-GALVESTON-BROZONA	236	100.0	172	72.9	53	22.5	7	3.0	4	1.7
LA-ANAHEIM-RIVERSIDE	695	100.0	556	80.0	115	16.5	17	2.4	7	1.0
MIAMI-FORT LAUDERDALE	108	100.0	91	84.3	15	13.9	2	1.9		
MILWAUKEE-RACINE	164	100.0	129	78.7	29	17.7	4	2.4	2	1.2
NEW YORK-NEW JERSEY	1,236	100.0	1,038	84.0	176	14.2	17	1.4	5	4
PHILA-WILMINGTON-TRENTON	900	100.0	750	83.3	140	15.6	8	9	2	2
PITTSBURGH-BEAVER VALLEY	463	100.0	382	82.5	64	13.8	14	3.0	3	6
PORTLAND-VANCOUVER	151	100.0	126	83.4	17	11.3	5	3.3	3	2.0
SF-OAKLAND-SAN JOSE	402	100.0	330	82.1	66	16.4	3	7	3	7
SEATTLE-TACOMA	203	100.0	162	79.8	33	16.3	5	2.5	3	1.5

Table 9: Number of Nursing Jobs Since Graduation by CMSA

After almost one year in the work force, over 80% of newly licensed nurses were still working at their first nursing job. This suggests satisfaction with current employment conditions. Newly licensed nurses in Buffalo and New York City appear to be most stable in their first positions and new RNs in Houston are more likely to be working in their second job since graduation.

Table CMSA-10
EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		SATISFIED		UNSATISFIED	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	6.938	78.0	5.409	22.0	1.529
BOSTON-LAWRENCE-SALEM	100.0	358	81.3	291	18.7	67
BUFFALO-NIAGARA FALLS	100.0	174	70.7	123	29.3	51
CHICAGO-GARY-LAKE CO	100.0	621	74.7	464	25.3	157
CINCINNATI-HAMILTON	100.0	227	77.5	176	22.5	51
CLEVELAND-AKRON-LORAINE	100.0	384	80.2	308	19.8	76
DALLAS-FORT WORTH	100.0	197	85.3	168	14.7	29
DENVER-BOULDER	100.0	142	84.5	120	15.5	22
DETROIT-ANN ARBOR	100.0	550	76.2	419	23.8	131
HOUSTON-GALVESTON-BROZONA	100.0	227	77.5	176	22.5	51
LA-ANAHEIM-RIVERSIDE	100.0	649	74.6	484	25.4	165
MIAMI-FORT LAUDERDALE	100.0	98	75.5	74	24.5	24
MILWAUKEE-RACINE	100.0	152	82.2	125	17.8	27
NEW YORK-NEW JERSEY	100.0	1.164	76.5	891	23.5	273
PHILA-WILMINGTON-TRENTON	100.0	839	78.9	662	21.1	177
PITTSBURGH-BEAVER VALLEY	100.0	439	72.2	317	27.8	122
PORTLAND-VANCOUVER	100.0	146	89.0	130	11.0	16
SF-OAKLAND-SAN JOSE	100.0	381	84.3	321	15.7	60
SEATTLE-TACOMA	100.0	190	84.2	160	15.8	30

Table 10: Employment Satisfaction among Newly Licensed Nurses by CMSA

Of all new RNs working in CMSAs, 78% are satisfied in their current position. RNs are most satisfied in Portland and least satisfied in Buffalo.

Table CMSA-11
MAIN REASON FOR EMPLOYMENT SATISFACTION OF NEWLY LICENSED NURSES BY CMSA

	TOTAL		REASONS FOR SATISFACTION											
			SALARY/BENEFITS		OPPORTUNITY FOR ADVANCEMENT		OPPORTUNITY FOR CONTINUING EDUCATION		WORKING IN DESIRED SPECIALTY		HOURS/SCHEDULE		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	5,409	24.6	1,328	11.4	617	13.8	749	48.0	2,595	22.1	1,194	5.7	310
BOSTON-LAWRENCE-SALEM	100.0	291	29.6	86	15.8	46	12.7	37	38.8	113	17.2	50	7.9	23
BUFFALO-NIAGARA FALLS	100.0	123	22.8	28	10.6	13	12.2	15	49.6	61	19.5	24	4.1	5
CHICAGO-GARY-LAKE CO	100.0	464	20.0	93	10.6	49	13.1	61	43.5	202	23.5	109	7.1	33
CINCINNATI-HAMILTON	100.0	176	15.3	27	8.5	15	11.4	20	63.6	112	21.6	38	4.0	7
CLEVELAND-AKRON-LORAINE	100.0	308	27.6	85	8.8	27	11.4	35	48.4	149	20.8	64	3.9	12
DALLAS-FORT WORTH	100.0	168	17.3	29	8.9	15	15.5	26	58.9	99	24.4	41	3.6	6
DENVER-BOULDER	100.0	120	16.7	20	10.0	12	12.5	15	52.5	63	22.5	27	5.8	7
DETROIT-ANN ARBOR	100.0	419	20.3	85	8.6	36	10.0	42	51.8	217	23.2	97	5.0	21
HOUSTON-GALVESTON-BROZONA	100.0	176	21.6	38	13.1	23	13.1	23	51.1	90	25.0	44	3.4	6
LA-ANAHEIM-RIVERSIDE	100.0	484	25.2	122	14.3	69	14.3	69	49.6	240	23.3	113	7.2	35
MIAMI-FORT LAUDERDALE	100.0	74	25.7	19	17.6	13	21.6	16	41.9	31	21.6	16	4.1	3
MILWAUKEE-RACINE	100.0	125	20.8	26	8.0	10	12.0	15	51.2	64	20.8	26	8.8	11
NEW YORK-NEW JERSEY	100.0	891	28.8	257	12.0	107	15.7	140	44.7	398	25.1	224	4.8	43
PHILA-WILMINGTON-TRENTON	100.0	662	24.3	161	9.5	63	15.9	105	46.5	308	22.8	151	4.7	31
PITTSBURGH-BEAVER VALLEY	100.0	317	27.1	86	13.6	43	13.6	43	45.4	144	16.1	51	3.5	11
PORTLAND-VANCOUVER	100.0	130	26.2	34	11.5	15	13.1	17	46.2	60	18.5	24	12.3	16
SF-OAKLAND-SAN JOSE	100.0	321	29.3	94	15.0	48	15.9	51	51.4	165	19.3	62	7.8	25
SEATTLE-TACOMA	100.0	160	23.7	38	8.1	13	11.9	19	49.4	79	20.6	33	9.4	15

Table 11: Main Reason for Employment Satisfaction of Newly Licensed Nurses by CMSA

New RNs in CMSAs cite "opportunity to work in desired specialty" as the primary source of satisfaction with their current position. "Salary/benefits" and "flexible hours/schedule" rank second and third among newly licensed nurses employed in metropolitan areas. Interestingly, "opportunity for continuing education" ranks third in Miami.

Table CMSA-12
MAIN REASON FOR EMPLOYMENT DISSATISFACTION OF NEWLY LICENSED NURSES BY CMSA

	TOTAL		REASONS FOR DISSATISFACTION									
			INADEQUATE SALARY		POOR WORKING CONDITIONS		UNSATISFYING STAFF RELATIONS		SKILLS UNDERUTILIZED		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	1,529	29.2	447	48.3	739	28.0	428	10.4	159	14.9	228
BOSTON LAWRENCE SALEM	100.0	67	22.4	15	52.2	35	23.9	16	19.4	13	16.4	11
BUFFALO NIAGARA FALLS	100.0	51	31.4	16	52.9	27	31.4	16	9.8	5	13.7	7
CHICAGO GARY LAKE CO	100.0	157	39.5	62	47.1	74	24.8	39	5.1	8	14.6	23
CINCINNATI HAMILTON	100.0	51	37.3	19	31.4	16	25.5	13	13.7	7	7.8	4
CLEVELAND AKRON LORAINE	100.0	76	23.7	18	50.0	38	27.6	21	9.2	7	15.8	12
DALLAS FORT WORTH	100.0	29	37.9	11	55.2	16	20.7	6	13.8	4	6.9	2
DENVER BOULDER	100.0	22	22.7	5	54.5	12	18.2	4	13.6	3	13.6	3
DETROIT ANN ARBOR	100.0	137	35.9	47	40.5	53	34.4	45	7.6	10	16.8	22
HOUSTON GALVESTON BROZONA	100.0	51	43.1	22	37.3	19	17.6	9	7.8	4	19.6	10
LA ANAHEIM RIVERSIDE	100.0	165	34.5	57	49.1	81	27.3	45	10.9	18	17.6	29
MIAMI FORT LAUDERDALE	100.0	24	25.0	6	58.3	14	16.7	4	4.2	1	16.7	4
MILWAUKEE RACINE	100.0	27	44.4	12	29.6	8	25.9	7	3.7	1	18.5	5
NEW YORK NEW JERSEY	100.0	273	23.4	64	50.9	139	34.8	95	15.0	41	11.0	30
PHILA WILMINGTON TRENTON	100.0	177	16.9	30	47.5	84	27.7	49	9.0	16	19.2	34
PITTSBURGH BEAVER VALLEY	100.0	122	28.7	35	52.5	64	31.1	38	5.7	7	13.1	16
PORTLAND VANCOUVER	100.0	16	18.8	3	68.8	11	6.3	1	37.5	6	12.5	2
SF OAKLAND SAN JOSE	100.0	60	28.3	17	58.3	35	20.0	12	10.0	6	16.7	10
SEATTLE TACOMA	100.0	30	26.7	8	43.3	13	26.7	8	6.7	2	13.3	4

Table 12: Main Reason For Employment Dissatisfaction of Newly Licensed Nurses by CMSA

Newly licensed nurses stating dissatisfaction with their current position cite "poor working conditions" (forced rotation, poor scheduling, etc.) as the primary source of their discontent. "Inadequate salary" and "unsatisfying staff relations" ranked second and third. All CMSAs followed the same general pattern except Cincinnati and Houston where "inadequate salary" ranked first and Portland where "skills underutilized" placed third.

Table CMSA-13

RACIAL–ETHNIC BACKGROUND OF NEWLY LICENSED NURSES BY CMSA

	TOTAL		WHITE		BLACK		HISPANIC		ASIAN		AMERICAN INDIAN	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	6,311	87.0	457	6.3	255	3.5	211	2.9	22	.3
BOSTON LAWRENCE SALEM	370	100.0	354	95.7	10	2.7	2	.5	4	1.1	0	0.0
BUFFALO NIAGARA FALLS	188	100.0	177	94.1	7	3.7	3	1.6	1	.5	0	0.0
CHICAGO GARY LAKE CO	641	100.0	543	84.7	54	8.4	16	2.5	27	4.2	1	.2
CINCINNATI HAMILTON	239	100.0	229	95.8	5	2.1	1	.4	3	1.3	1	.4
CLEVELAND AKRON LORAINE	393	100.0	372	94.7	16	4.1	3	.8	2	.5	0	0.0
DALLAS FORT WORTH	204	100.0	180	88.2	17	8.3	5	2.5	2	.8	0	0.0
DENVER BOULDER	149	100.0	139	93.3	4	2.7	5	3.4	1	.7	0	0.0
DETROIT ANN ARBOR	564	100.0	522	92.6	31	5.5	4	.7	6	1.1	1	.2
HOUSTON GALVESTON BROZONA	233	100.0	194	83.3	26	11.2	7	3.0	5	2.1	1	.4
LA ANAHEIM RIVERSIDE	685	100.0	490	71.5	38	5.5	90	13.1	62	9.1	5	.7
MIAMI FORT LAUDERDALE	107	100.0	73	68.2	17	15.9	16	15.0	0	0.0	1	.9
MILWAUKEE RACINE	162	100.0	147	90.7	11	6.8	1	6	2	1.2	1	.6
NEW YORK NEW JERSEY	1,207	100.0	961	79.6	151	12.5	64	5.3	29	2.4	2	.2
PHILA WILMINGTON TRENTON	882	100.0	822	93.2	41	4.6	11	1.2	8	.9	0	0.0
PITTSBURGH BEAVER VALLEY	464	100.0	454	97.8	7	1.5	1	.2	2	.4	0	0.0
PORTLAND VANCOUVER	153	100.0	141	92.2	1	.7	1	.7	7	4.6	3	2.0
SF OAKLAND SAN JOSE	412	100.0	324	78.6	17	4.1	23	5.6	44	10.7	4	1.0
SEATTLE TACOMA	203	100.0	189	93.1	4	2.0	2	1.0	6	3.0	2	1.0

Table 13: Racial-Ethnic Background of Newly Licensed Nurses by CMSA

Great diversity exists in the racial-ethnic composition of newly licensed nurses in metropolitan areas. Portland, Cincinnati, and Boston are the least diverse and Miami is the most diverse.

Table CMSA-14
MARITAL STATUS OF NEWLY LICENSED NURSES BY CMSA

	TOTAL		NEVER MARRIED		MARRIED		SEPARATED / DIVORCED		WIDOWED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	3,145	43.3	3,218	44.3	840	11.6	53	.7
BOSTON-LAWRENCE-SALEM	370	100.0	205	55.4	128	34.6	34	9.2	3	.8
BUFFALO-NIAGARA FALLS	188	100.0	83	44.1	74	39.4	28	14.9	3	1.6
CHICAGO-GARY-LAKE CO	641	100.0	299	46.6	274	42.7	65	10.1	3	.5
CINCINNATI-HAMILTON	239	100.0	82	34.3	133	55.6	23	9.6	1	.4
CLEVELAND-AKRON-LORAINE	393	100.0	174	44.3	180	45.8	38	9.7	1	.3
DALLAS-FORT WORTH	204	100.0	50	24.5	122	59.8	26	12.7	6	2.9
DENVER-BOULDER	149	100.0	36	24.2	81	54.4	32	21.5	0	0.0
DETROIT-ANN ARBOR	564	100.0	212	37.6	282	50.0	69	12.2	1	.2
HOUSTON-GALVESTON-BROZONA	233	100.0	39	16.7	153	65.7	40	17.2	1	.4
LA-ANAHEIM-RIVERSIDE	685	100.0	236	34.5	348	50.8	96	14.0	5	.7
MIAMI-FORT LAUDERDALE	107	100.0	46	43.0	42	39.3	19	17.8	0	0.0
MILWAUKEE-RACINE	162	100.0	77	47.5	68	42.0	16	9.9	1	.6
NEW YORK-NEW JERSEY	1,207	100.0	644	53.4	439	36.4	115	9.5	9	.7
PHILA-WILMINGTON-TRENTON	882	100.0	446	50.6	345	39.1	84	9.5	7	.8
PITTSBURGH-BEAVER VALLEY	464	100.0	243	52.4	163	35.1	54	11.6	4	.9
PORTLAND-VANCOUVER	153	100.0	49	32.0	77	50.3	26	17.0	1	.7
SF-OAKLAND-SAN JOSE	412	100.0	162	39.3	196	47.6	51	12.4	3	.7
SEATTLE-TACOMA	203	100.0	62	30.5	113	55.7	24	11.8	4	2.0

Table 14: Marital Status of Newly Licensed Nurses by CMSA

CMSAs can be divided into three major categories: (1) those where the "never married" prevail (Boston, New York, Philadelphia, Pittsburgh), (2) those where the "married" dominate (Cincinnati, Dallas, Boulder, Detroit, Houston, Los Angeles, Portland, San Francisco, and Seattle), and (3) those where almost equal proportions of married and singles reside (Buffalo, Chicago, Cleveland, Miami, Milwaukee).

Table CMSA-15
PRESENCE OF CHILDREN AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		HAS CHILDREN		HAS NO CHILDREN	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	2,806	38.7	4,450	61.3
BOSTON-LAWRENCE-SALEM	370	100.0	107	28.9	263	71.1
BUFFALO-NIAGARA FALLS	188	100.0	69	36.7	119	63.3
CHICAGO-GARY-LAKE CO	641	100.0	241	37.6	400	62.4
CINCINNATI-HAMILTON	239	100.0	109	45.6	130	54.4
CLEVELAND-AKRON-LORAINE	393	100.0	140	35.6	253	64.4
DALLAS-FORT WORTH	204	100.0	91	44.6	113	55.4
DENVER-BOULDER	149	100.0	76	51.0	73	49.0
DETROIT-ANN ARBOR	564	100.0	233	41.3	331	58.7
HOUSTON-GALVESTON-BROZONA	233	100.0	138	59.2	95	40.8
LA-ANAHEIM-RIVERSIDE	685	100.0	312	45.5	373	54.5
MIAMI-FORT LAUDERDALE	107	100.0	35	32.7	72	67.3
MILWAUKEE-RACINE	162	100.0	57	35.2	105	64.8
NEW YORK-NEW JERSEY	1,207	100.0	411	34.1	796	65.9
PHILA-WILMINGTON-TRENTON	882	100.0	311	35.3	571	64.7
PITTSBURGH-BEAVER VALLEY	464	100.0	159	34.3	305	65.7
PORTLAND-VANCOUVER	153	100.0	61	39.9	92	60.1
SF-OAKLAND-SAN JOSE	412	100.0	165	40.0	247	60.0
SEATTLE-TACOMA	203	100.0	91	44.8	112	55.2

Table 15: Presence of Dependent Children Among Newly Licensed Nurses by CMSA

In most CMSAs, a larger proportion of new RNs have no dependent children living at home. In Cincinnati, Denver, Los Angeles and Seattle, the proportion of new RNs with and without dependent children at home is about equal.

Table CMSA-16
AGE OF NEWLY LICENSED NURSES BY METROPOLITAN AREA OF RESIDENCE

	NUMBER	MEAN AGE	STD DEV
GRAND TOTAL	14.335	31.4	8.09
METROPOLITAN AREA			
BOSTON-LAWRENCE-SALEM	387	29.6	7.53
BUFFALO-NIAGARA FALLS	188	29.9	7.57
CHICAGO-GARY-LAKE CO	655	30.0	7.92
CINCINNATI-HAMILTON	244	31.3	8.30
CLEVELAND-AKRON-LORAINE	405	30.8	7.99
DALLAS-FORT WORTH	208	32.5	8.44
DENVER-BOULDER	153	32.2	7.58
DETROIT-ANN ARBOR	574	31.1	7.92
HOUSTON-GALVESTON-BROZONA	239	34.2	7.73
LA-ANAHEIM-RIVERSIDE	702	31.8	7.74
MIAMI-FORT LAUDERDALE	107	29.7	7.57
MILWAUKEE-RACINE	165	29.6	6.93
NEW YORK-NEW JERSEY	1 237	29.9	8.06
PHILA-WILMINGTON-TRENTON	902	29.1	7.39
PITTSBURGH-BEAVER VALLEY	466	30.0	8.10
PORTLAND-VANCOUVER	153	32.5	8.00
SF-OAKLAND-SAN JOSE	416	32.3	7.63
SEATTLE-TACOMA	207	31.5	7.00
NON-METROPOLITAN AREAS	6 927	32.2	8.23

Table 16: Age of Newly Licensed Nurses by CMSA

The average age of newly licensed nurses in metropolitan areas is 31. The mean age is lowest in Philadelphia, Boston, Miami, and Milwaukee. On average, new RNs are oldest in Houston with a mean age of over 34.

Table CM[illegible]-17
MEAN FULL-TIME SALARIES OF NEWLY LICENSED NURSES BY CMSA

	SALARY	
	MEAN SALARY	STD DEV
GRAND TOTAL	$23,504.3	$ 9,213
METROPOLITAN AREA		
BOSTON-LAWRENCE-SALEM	26,830.8	9,995
BUFFALO-NIAGARA FALLS	21,504.1	8,192
CHICAGO-GARY-LAKE CO	23,211.1	8,194
CINCINNATI-HAMILTON	21,052.0	8,626
CLEVELAND-AKRON-LORAINE	24,082.8	8,641
DALLAS-FORT WORTH	23,872.6	9,519
DENVER-BOULDER	23,059.0	7,541
DETROIT-ANN ARBOR	23,848.4	9,131
HOUSTON-GALVESTON-BROZONA	24,249.6	8,950
LA-ANAHEIM-RIVERSIDE	27,499.1	11,054
MIAMI-FORT LAUDERDALE	25,612.8	8,536
MILWAUKEE-RACINE	21,585.4	7,555
NEW YORK-NEW JERSEY	29,168.3	10,363
PHILA-WILMINGTON-TRENTON	26,911.0	9,218
PITTSBURGH-BEAVER VALLEY	23,571.5	7,651
PORTLAND-VANCOUVER	22,875.1	9,147
SF-OAKLAND-SAN JOSE	27,137.5	12,012
SEATTLE-TACOMA	21,702.6	8,705
NON-METROPOLITAN AREAS	21,391.5	8,011

Table 17: Mean Full-Time Salaries of Newly Licensed Nurses by CMSA

The highest average full-time salaries among newly licensed nurses residing in cities are found in the New York City metropolitan area and the San Francisco Bay area. The lowest average salaries are found in Buffalo and Seattle. Salaries of new RNs living in non-metropolitan areas are considerably lower than those of their urban counterparts.

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PREFACE

Licensed to Care: An Executive Report of the New Nurse is the culmination of an extraordinary effort to capture and present the exemplary experiences of the nation's newly licensed nurses. In response to the urgent need for accurate data on the nursing supply, the National League for Nursing has taken the lead in analyzing the current condition of America's contemporary cohort of new nurses by conducting the survey of newly licensed nurses. The study was designed to collect information that can be effectively utilized by nurse executives in recruiting and retaining registered nurses. It offers in-depth data necessary to ascertain their demographic characteristics, to assess their employment experiences and evaluate their educational backgrounds.

The strength of the study and the resulting data is based on its sound methodological approach. First, the sheer number of respondents, over 28,000 new RNs, assure statistically significant data. Additionally, the excellent national and regional response rates guarantee that the data are comprehensive and reliable.

Many individuals at NLN were involved in the coordination, design, and production of the study and its resulting publications. Special thanks are due to Kathy Kaufman and Jill Hodge, Research Coordinators, for their contributions in data analysis and graphics.

Peri Rosenfeld, PhD
Vice President
Division of Research

Section 1
Executive Summary

EXECUTIVE SUMMARY

INTRODUCTION

The Nursing Shortage: How Do New RNs Fit In?

Recent developments have forced employers of health care professionals, policymakers, and the public to seriously evaluate and understand the status of nursing within the changing health care climate. Greater emphasis on cost containment, the scarcity of nurses and other providers, and the mushrooming of out-of-hospital health care delivery are just three major transformations that are responsible for the current focus on nurses in the health industry.

The key words in modern health care are cost containment and home care and nursing is a primary component for the success of both. While nurses are at the center of change they have not always been involved in providing the solutions. The current nursing shortage has altered that situation and thrust nursing into a new role within the health care system.

More importantly, the recent nursing shortage has sent a strong message to the health care industry and others that nursing is a scarce resource whose numbers cannot be taken for granted. Indeed, despite consistent increases in the *supply* of RNs, the health care system continues to demand more.

The solution to the shortage is not the *numbers* of nurses but the *proper utilization* of nurses. Nurses are already the largest group of health care providers with over 2 million RNs in the contemporary supply. When RNs are treated as autonomous professionals and not required to perform tasks that are best undertaken by paraprofessional or other health care workers, the number of RNs required for proper care is diminished. In other words, the shortage is the result of increased demand for RNs, and that increased demand is the result of inappropriate utilization of RNs by their employers. As the Secretary's Commission on Nursing concluded,

> ". . . the current nurse shortage is primarily the result of a rapidly-increasing demand for RNs. Some of this increased demand for RNs is a rising because health care delivery organizations are compensating for reductions in non-nursing staff, both clinical and non-clinical, as well as in other categories of nursing personnel . . . These recommendations call for the provision of adequate support services for nurses,utilization of the most appropriate mix of nursing personnel . . . and improvement in the internal management of nurse resources . . . ." (Secretary's Commission on Nursing, 1989).

The future outlook for health care, therefore, is related to the future of nursing, and the brightest signpost for the future is the newest crop of RNs. This cadre of new licensees provides us with a window to the future of nursing and health care. *Licensed to Care: An Executive Report of New Nurses* was designed as a tool for administrators to help them better appreciate the experiences, attitudes and characteristics of the new nurse. The data contained in this report will assist in planning for the contemporary and future demand for nurses. Because each geographic region is unique in terms of its demographic and economic characteristics, each volume of *Licensed to Care* will focus on one census region as it compares to the national perspective.

Research Design and Response Rate

In March 1990, eight months after obtaining RN licensure, all newly licensed registered nurses were sent a survey to identify their demographic characteristics, assess their educational background, and examine their employment experiences. Prior to sending the survey to the field, each state board of nursing except New Hampshire and Hawaii granted permission for the release of the names and addresses of their new licensees to the National League for Nursing.

After three mailings a total of 28,147 completed surveys were received representing an excellent response rate of 64% nationwide. Response rates for the individual states varied from a high of 76% in Maryland and New Jersey to a low of 52% in Alabama. Among the largest states—New York, California, Illinois, Texas—response rates fluctuated in the high 60% range. In view of the fact that these response rates reflect the **universe of new RNs and not a sample**, these figures are extremely respectable and confirm the reliability and validity of these data.

Educational Profile of the Newly Licensed Nurse

A Short History of Nursing Education Programs

The history of nursing education is replete with struggles between those who argue that the proper setting for nursing preparation is in institutions of higher learning and those considering the hospital the appropriate place for nursing education. The trend toward college preparation has triumphed as evidenced by the decline in numbers of diploma programs and the spiraling surge in associate degree and baccalaureate programs. Despite the cyclical nature of nursing shortages, there has been continual growth in the *number* of educational programs for nurses with the current figure hovering around 1,450.

Type of nursing education and geographic location are the two most powerful variables in explaining differences among nurses in general and new RNs in particular. Historically the newest form of nursing education, associate degree programs now comprise the majority—over 60%—of nursing preparation programs in America. Diploma programs, which predominated for most of nursing's illustrious history, are now the minority—less than 10 %—while the proportion of basic baccalaureate programs has remained essentially stable at about one-third of the total throughout the last century.

The Significance of Nursing Education Programs

The ratio of associate degree programs vis a vis diploma and baccalaureate programs varies from region to region. It is noteworthy that the remaining number of diploma programs are concentrated in the north eastern portion of the nation and the number of associate degree programs grows as one moves westward. The proportion of basic baccalaureate programs is highest in the New England region and hovers around the 30% mark in all other locations.

In regard to educational preparation, the cohort of recent graduates is *not*, however, a mirror image of the current nursing supply. According to the *1988 RN Sample Survey* conducted by the Department of Health and Human Services, diploma graduates comprise approximately 40% of the nation's nursing supply, associate degree graduates represent 25% and baccalaureate,25%. In the *1977 Sample Survey*, 67% of the supply was prepared at the diploma level, 11% at the associate degree level, and 18%,baccalaureate. This confirms that the growth in associate degree programs is having an impact on the general supply.

Another significant characteristic emerges in understanding the educational backgrounds of new RNs. A greater proportion of the contemporary cohort has had experience in the health care delivery system prior to RN licensure. Almost one-third of the new RNs had practiced as licensed practical/vocational nurses, and a significant percentage of these individuals *returned to their previous employer as RNs*. A closer look at these data reveals that over 40% of the associate degree graduates had previously practiced as LPN/LVNs, almost 20% of the diploma graduates had previous LPN/LVN experience and less than 10% of the baccalaureate alumni were previously LPN/LVNs.

The implications of these data are noteworthy for several reasons. First, it is evident that RN licensure is a measure of career mobility for many already employed in the health care system. For the nursing executive this suggests that continuing education can be a powerful factor in retaining exemplary employees working as paraprofessionals. These individuals already acclimated to the institution and its unique milieu usually return to repay their employers with many years of dedicated service. Second, as a recruitment strategy, nursing educators may target LPN/LVNs as potential students in their programs.

Advancement of LPN/LVNs to RN licensure offers interesting opportunities and challenges to both the executive and the employee. Many new nurses who took the time to write us were new RNs who were previously employed as LPN/LVNs. They voiced concerns about the loss of seniority when they became RNs. Often they were forced to work undesirable shifts, and their salaries were only nominally better than they had been as LPN/LVNs. Most often they protested the treatment they received from their new colleagues who, remembering them as paraprofessionals, questioned their capabilities as RNs. In short, executives must be aware of both the positive and negative aspects of advancement from LPN/LVN to RN.

The Many Faces of Newly Licensed Nurses

Data on the demographic characteristics of the newly licensed nurses are perhaps the most vital information needed to recruit and retain employees. Variables such as marital status, presence of dependent children, and age all have important implications relative to scheduling, activity status, and the desirability of child care as possible benefits at your institution. Understanding the potential applicant pools from which your new nurses are recruited will place you in a better position to offer the benefits and working environment that are most attractive to today's new nurses.

While associate degree graduates predominate among the contemporary cohort of new RNs, it is important to note that the trend toward associate degree education has profound implications for the future supply of nurses. Associate degree graduates are demographically different from their diploma or baccalaureate counterparts. Most significantly, associate degree alumni are more mature with an average age of almost 34. The typical diploma graduate is approximately 29, and the average baccalaureate graduate is 27.

Not surprisingly, age is related to marital status and the presence of dependent children, and indeed, the majority (over 62%) of new RNs coming from associate degree programs are married and over half have dependent children at home. The comparable figures for diploma graduates show that about equal numbers are married and single, and one-third have children at home. The baccalaureate-prepared new RN is most likely to be single (57%) and childless (80%).

The overwhelming majority of new nurses are white females. Nursing remains the archetypical women's profession with over 94% of its members being female, and there is little variation among the geographic regions. While a large majority (over 90%) of new RNs are white, great variation exists throughout the nation. The largest proportion of blacks is found in the South Atlantic and East South Central regions, and the largest groups of Hispanics, Asians, and American Indians are located in the Pacific region.

Employment Patterns Among New Nurses

Supply and Demand for New RNs

The recent nursing shortage has fostered some damaging myths about the nursing profession. Claims are made that nurses are fleeing from the bedside or quickly "burn out" and seek other careers. Empirically these claims are false for both the general supply of nurses and particularly for the cohort of new RNs. Almost a year after graduation, 98% of new RNs are employed in nursing suggesting strong commitment to the profession. Moreover, the majority of the 2% that are not employed in nursing are voluntarily unemployed because of family obligation or continuing education. It is noteworthy that after almost a year of experience, the majority (81.5%) of new RNs are still employed at their first nursing job.

Several indicators confirm that the demand for new nurses is extraordinarily high. First, a great majority (63%) of new nurses state that "many jobs" were available when they were job hunting. An additional 11% took jobs at the site of their clinical preparation and hence did not job-hunt at all. In a similar vein, over 82% of newly licensed nurses accepted positions *before graduating* from nursing school indicating that early recruitment of senior nursing students is a successful strategy. Indeed, 97% of new graduates found jobs within three months of obtaining licenses.

Employment Profile of the New RN

Despite the rapid growth in home and community health, the vast majority (92%) of new RNs are employed in acute care settings. Just under 4% are employed in long-term care, 2% are working in community/public health, and the remainder hold positions in ambulatory settings such as schools and physician's offices.

Regardless of employment setting, the great majority (85%) of new RNs are working full-time. Even among those working as school nurses or in physicians offices, over three-fourth are considered full-timers. In view of the fact that many have dependent children living at home, these data are impressive reminders of their commitment to nursing.

What attracts a new RN to a particular position? A significant proportion (30%) state the "ability to practice in my chosen specialty" as the number one reason for choosing their current job, and 29% took their present job because of "prior experience in the institution." These data document that new RNs are career-minded and committed to the nursing profession. New RNs seek employment that offers them the practice *they* want, and often they build upon prior experiences to achieve higher status. In short, these newly licensed nurses are not taking the first job they encounter; they are educated, ambitious individuals seeking positions that permit growth and professional satisfaction.

Despite conventional wisdom that nurses are primarily motivated by money, only 11% claim that "salary" was the primary reason for choosing their current position. In fact, "salary" ranked very low on the scale behind "reputation of the institution" and "location".

Starting salaries for nurses vary considerably by region. While the national average for full-timers stood at $25,089 at the completion of the study, the highest average salaries were reported in Connecticut ($32,032), Alaska ($30,102) and New Jersey ($29,277). The lowest mean full-time salaries were reported in North Dakota ($20,282), South Dakota ($20,447), and Iowa ($20,903).

Factors Associated with Job Satisfaction

An astounding 80% of newly licensed nurses claim satisfaction with their current jobs, and almost 50% of them attribute their satisfaction to "working in desired specialty." An additional 25% cite "salary/benefits" as the primary source of their satisfaction.

It is noteworthy that job satisfaction is high among all demographic groups. Some variation, however, does exist. For example, among the different racial-ethnic backgrounds, 80% of the American Indians and Hispanics expressed satisfaction with their current employment, while only 69% of the blacks reported satisfaction. Another interesting finding indicates that rates of satisfaction decrease *slightly* with age. In other words, the younger newly licensed nurses, below age 24, express somewhat greater satisfaction than their older counterparts. Job satisfaction is virtually equal regardless of marital status and presence of children.

A significant plurality (44%) of those dissatisfied with their current position state "poor working conditions" (which include forced overtime, mandatory rotation, etc.) as the primary source of their discontent. "Inadequate salary" ranked second among the reasons for dissatisfaction (31%) and "unsatisfying staff relations" is a very close third (29%).

Indeed, there is some relationship between salary and satisfaction. Those reporting "salary" as their primary source of satisfaction are on average earning more than the other satisfied nurses: $26,513 compared with $25,352. In addition, those stating "inadequate salary" as their primary source of dissatisfaction report lower earnings than other discontented newly licensed nurses: $22,716 compared with $24,305. In short, while salary *per se* is not necessarily the most frequently cited source of satisfaction, it is a good predictor of job satisfaction.

Adequacy of Orientation

Perceived adequacy of orientation engendered some important results, and many respondents chose to remark on their experiences. In general, almost half of the newly licensed nurses evaluated their orientation as excellent or very good. An additional 27% assessed their orientation as good, 15% fair, and 6% poor. Approximately 3% claimed they received *no orientation* at all.

A rigorous content analysis was performed to categorize and analyze the qualitative, i.e., descriptive, data provided by respondents. Assessments of orientation fell into several global categories including: (a) the amount of time devoted to orientation, (b) the staff assigned to orientation, (c) the performance of the preceptor, (d) the amount and quality of the clinical and classroom training, and (e) organization of the orientation program.

Positive evaluations (e.g., "excellent/very good") were most strongly related to the sufficient amount of time devoted to orientation with over 55% of the respondents stating this. Over one-third of the respondents claimed that the performance or abilities of their preceptor contributed to their successful orientation. Smaller groups of new RNs considered their orientation excellent or very good because of "good courses/classroom training" (16.5%) and "good co-workers" (18.5%).

As one might expect, those newly licensed nurses who evaluated their orientation neutrally or negatively ("good/fair/poor") were most likely to assert that the amount of time devoted to orientation was insufficient

(36.5%). "No preceptor/poor preceptor" and "did not learn what I needed" tie for second place among the chief reasons for negative evaluations of orientation.

Closer analysis reveals that the majority of those who received no orientation at all were previously employed as LPN/LVNs. It was this group that was most vocal about their feelings. These new RNs objected to the attitude their administrators seemed to have about them, i.e., an LPN/LVN is already a nurse who needs no special orientation to the RN role.

The growing group of LPN/LVNs advancing to RN licensure presents an instructive illustration of how important it is to clearly distinguish the functions of professional, registered nurses vis- a-vis the technical practical nurse. It is neither desirable nor appropriate to consider the RN as interchangeable with the LPN/LVN. As described above, it is this attitude that "a nurse is a nurse is a nurse" that has contributed to the recent nursing shortage. RNs should not be performing those tasks associated with LPN/LVN licensure and vice versa. It is illegal and the staff resents it.

Adequacy of Nursing Education

A good measure of the success of an individual nursing educational program is how well graduates feel they were prepared for their current employment. A large majority (approximately 90%) of newly licensed nurses from all types of nursing educational programs responded that their classroom experiences prepared them adequately for their current position. While the overall majority responded positively in regard to adequacy of clinical preparation, some variation among the graduates of the different types of educational programs does exist. Over 90% of diploma graduates responded that their clinical preparation was adequate, while smaller groups of associate degree (73%) and baccalaureate (69%) graduates responded affirmatively.

These findings, while disturbing, are not unique. In previous studies of newly licensed nurses, baccalaureate graduates have consistently reported lower rates of satisfaction with their clinical experiences than the graduates of other programs. In an effort to explain this trend, the NLN Division of Research conducted a special study of clinical preparation at the nation's nursing schools in 1989. According to the findings:

> ". . .the issue of professional expectations and the influence of educational philosophies are certainly playing a role in these responses. For if BSN students are educated to perceive themselves as autonomous health care workers in community or public health care, those individuals may feel constrained by the bureaucratic, hierarchical structure of a hospital. And, though new BSNs often choose hospital employment, the dissonance they experience may be so powerful as to affect their perceptions of the adequacy of their education." (Rosenfeld and Kaufman, 1990)

Summary and Conclusion

The findings of the survey of newly licensed nurses offer a wealth of information on the demographic characteristics, educational backgrounds and employment experiences of the nation's newest RNs. There is little doubt that these men and women have entered nursing at an extremely turbulent period when shortages, cost containment efforts, and dislocation within the health care delivery system are rampant. Add to this the "graying of America," the AIDS epidemic and the plethora of health care problems associated with poverty and homelessness, and one recognizes that new nurses must possess a strong commitment to equitable health care and the public good

As enrollments to nursing schools improve and fear of continued shortages subside, it is time to evaluate some of the strategies recently adopted to recruit and retain nurses to educational programs and to the practice settings The astronomical growth in associate degree graduates presents both promise and dilemmas for nursing administrators Clearly, the more mature, married associate degree student is as dedicated to full-time employment as are her diploma and baccalaureate counterparts Age, however, does affect length of time in the workforce—the older the new graduate the fewer available years in the labor force. It is too soon to tell if this will have a significant impact on future supply

It is vital that executives appreciate the consequences associated with the influx of LPN/LVNs into RN posi-

tions. No doubt LPN/LVNs are appropriate and desirable candidates for RN licensure. However, the transition from one to the other must not be taken for granted. In areas such as job satisfaction and attitudes toward job orientation, for example, those previously employed as LPN/LVNs expressed displeasure with the treatment they have received.

Clearly, the new crop of RNs are career minded, ambitious individuals committed to patient care and the profession of nursing. They choose positions that offer the ability to work in the specialty *they* desire not just what the institutions demand. They work full-time even if they have small children at home. They are often individuals who have had previous experience in health care and are now building their careers as professional nurses. They are nurses who are serious about health care—it's high time that the health care system recognize and reward them.*

Peri Rosenfeld, PhD
Vice President
Division of Research

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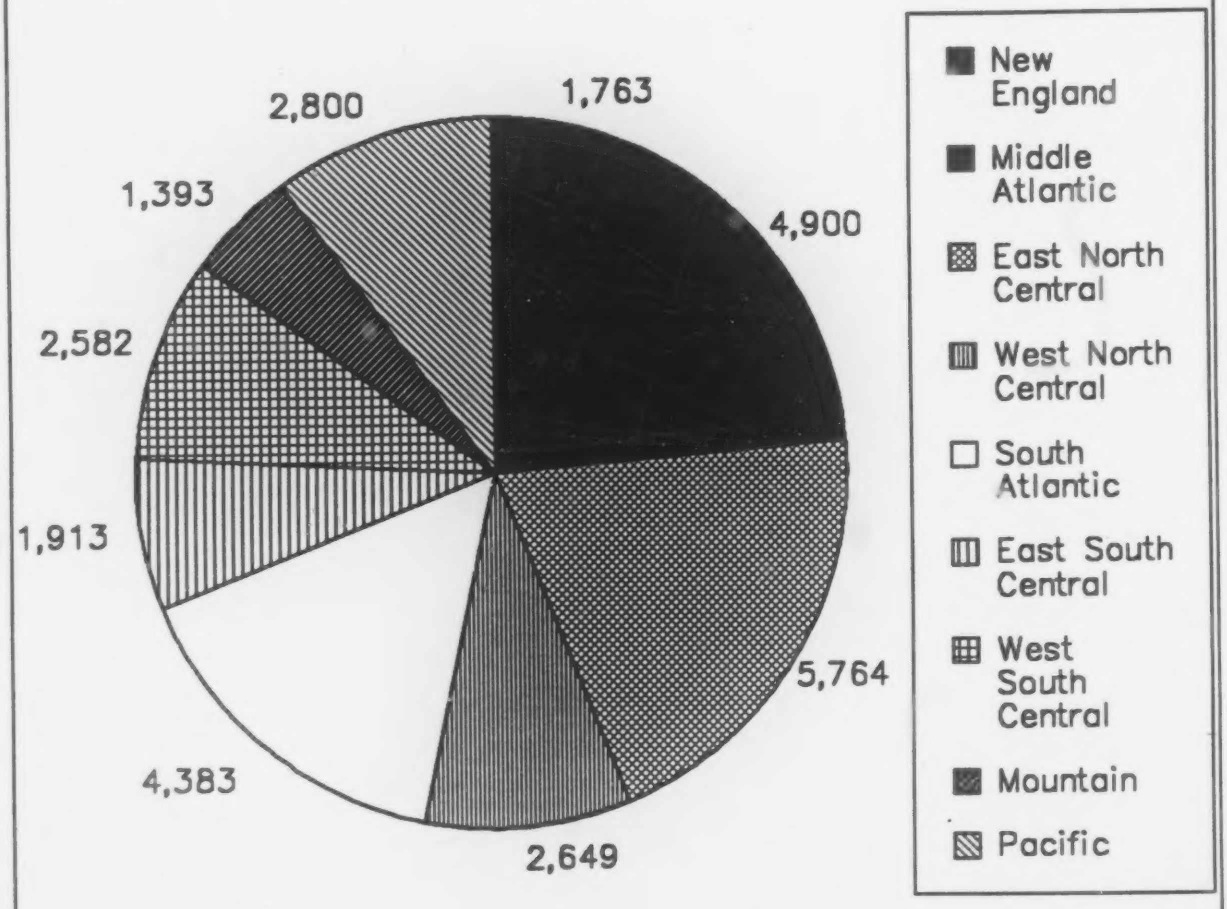
Section 2
Graphs

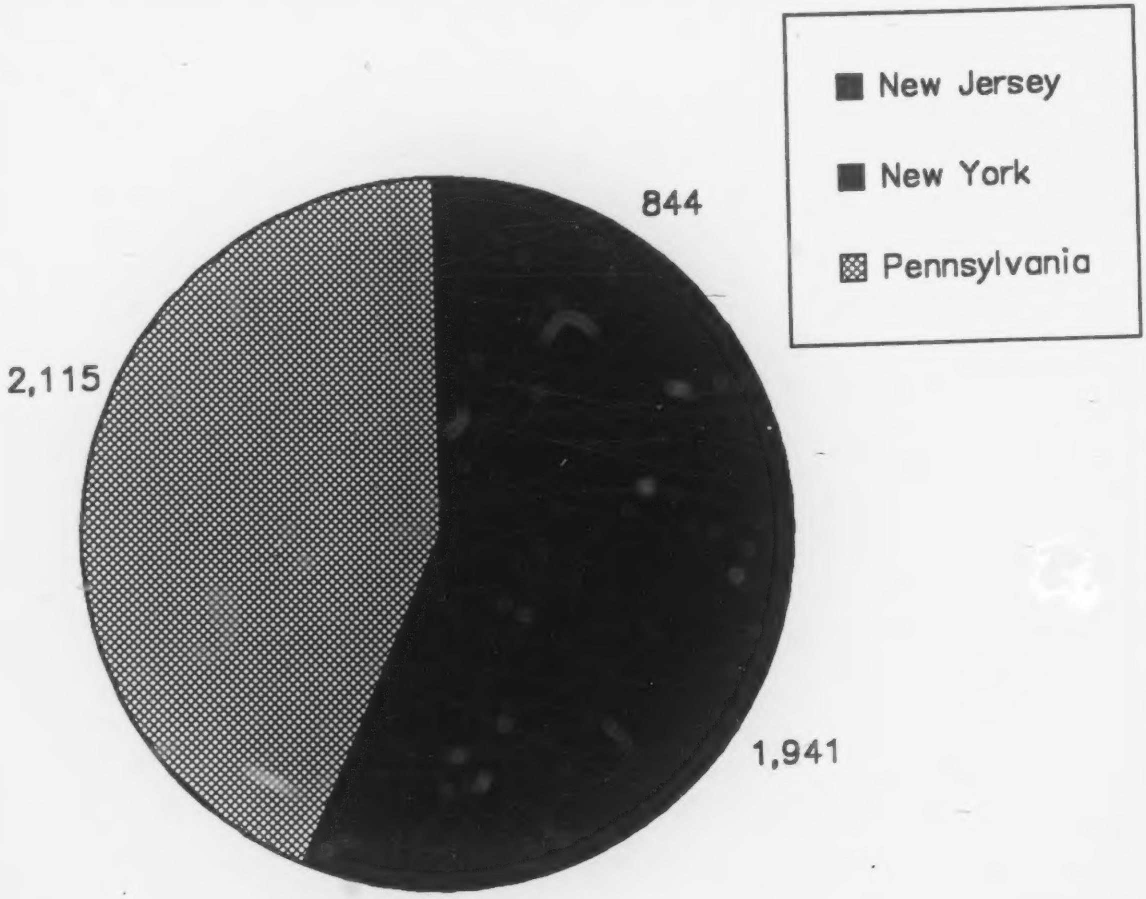
TOTAL NUMBER OF NEWLY LICENSED NURSES

The greatest number of newly licensed nurses reside in the East North Central states (5,764) followed by the Middle Atlantic (4,900). The smallest percentage currently live in the Mountain region (1,393).



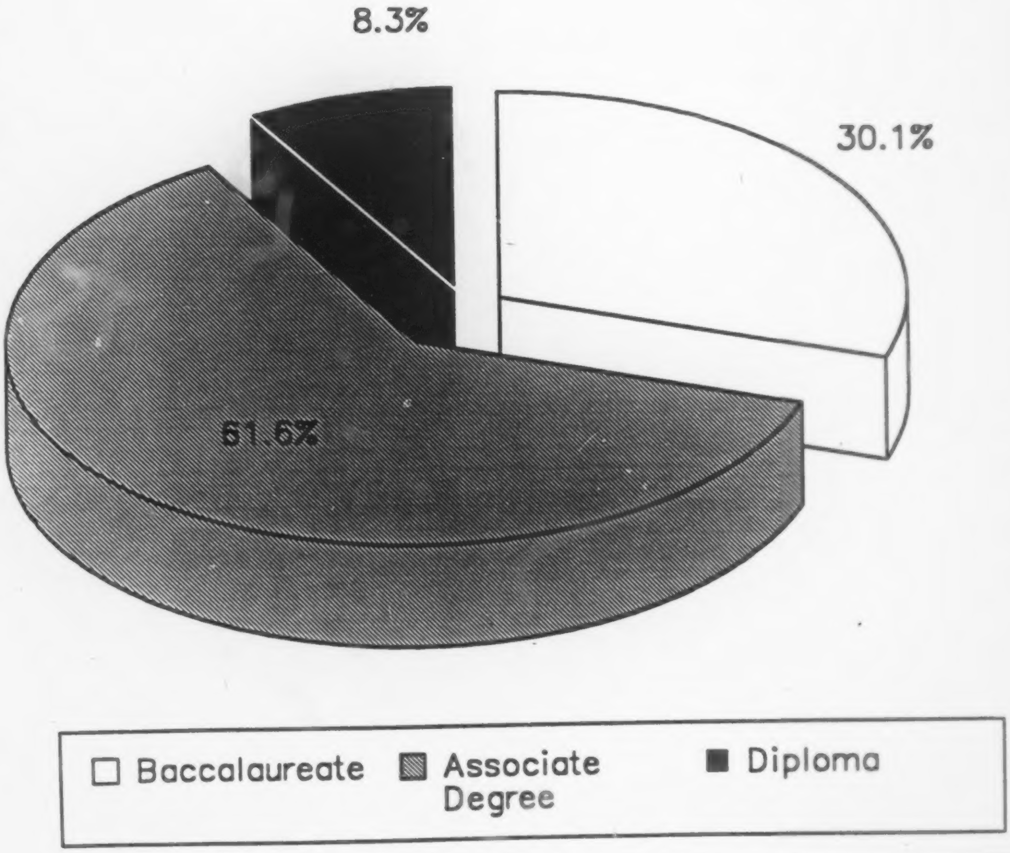
TOTAL NUMBER OF NEWLY LICENSED NURSES
Middle Atlantic Region

Pennsylvania has the largest number of new nurses in the Middle Atlantic region followed by New York.



NEWLY LICENSED NURSES BY TYPE OF NURSING EDUCATION, 1990

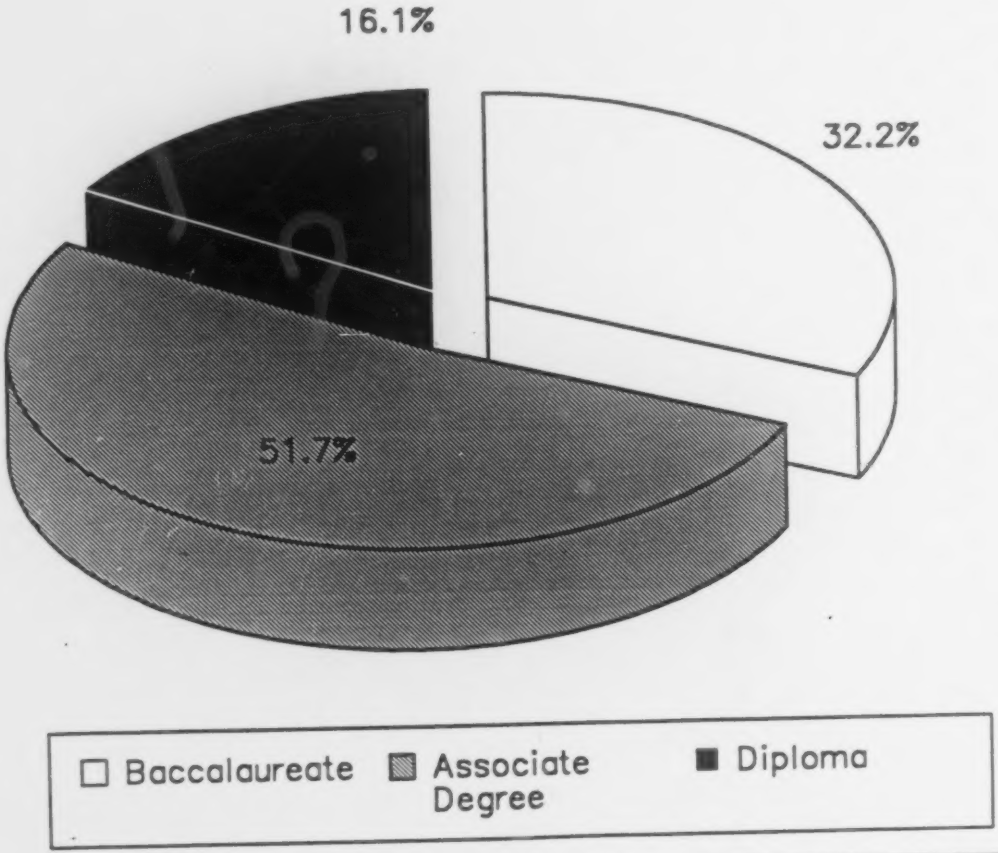
Over 60% of all new nurses have graduated from associate degree programs. Almost a third graduated with a baccalaureate, and just over 8% have diploma degrees.



NEWLY LICENSED NURSES BY TYPE OF NURSING EDUCATION, 1990

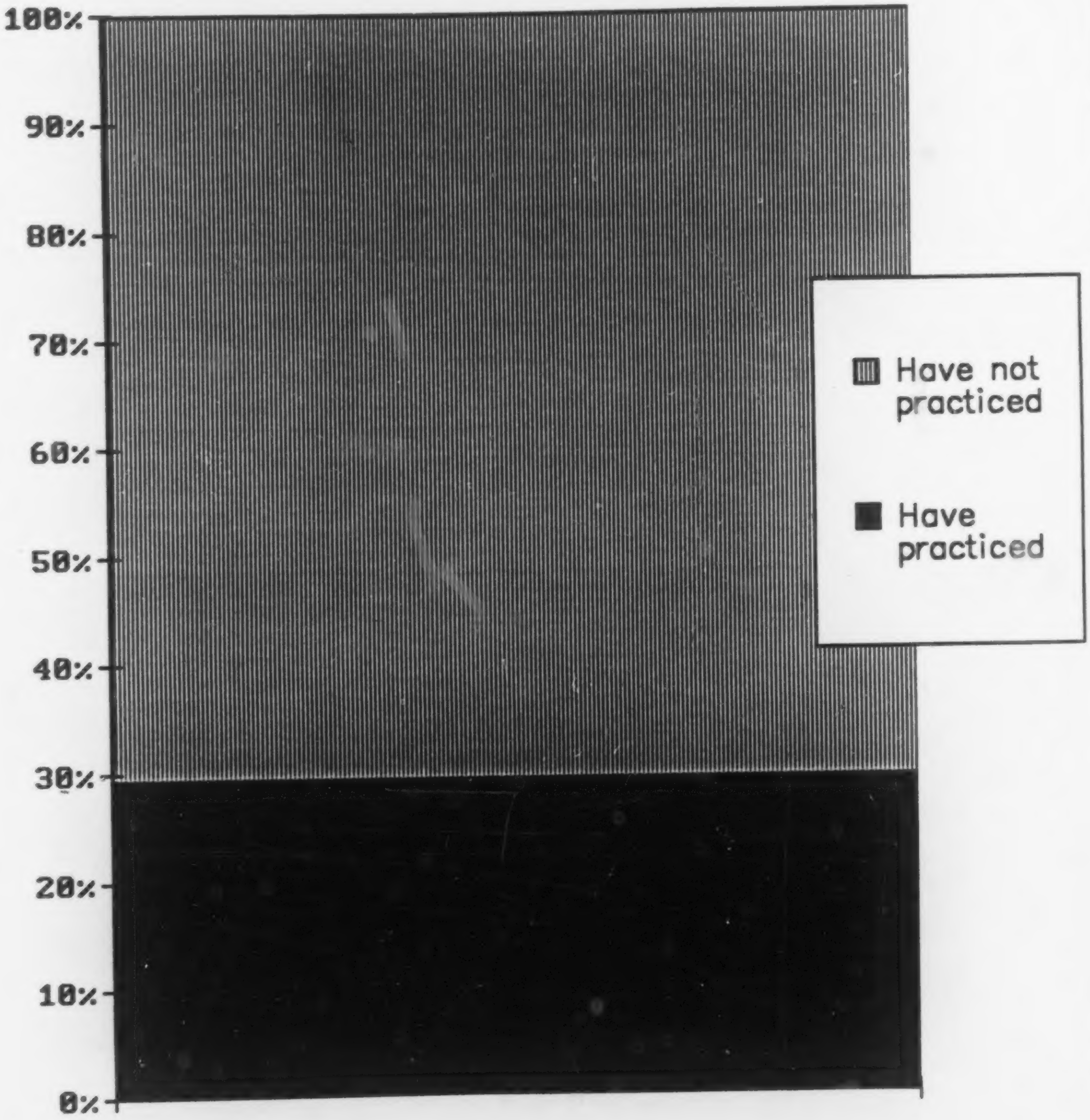
Middle Atlantic Region

Over one–half of all new nurses have graduated from associate degree programs. Almost a third graduated with a baccalaureate, and 16.1% have diploma degrees.



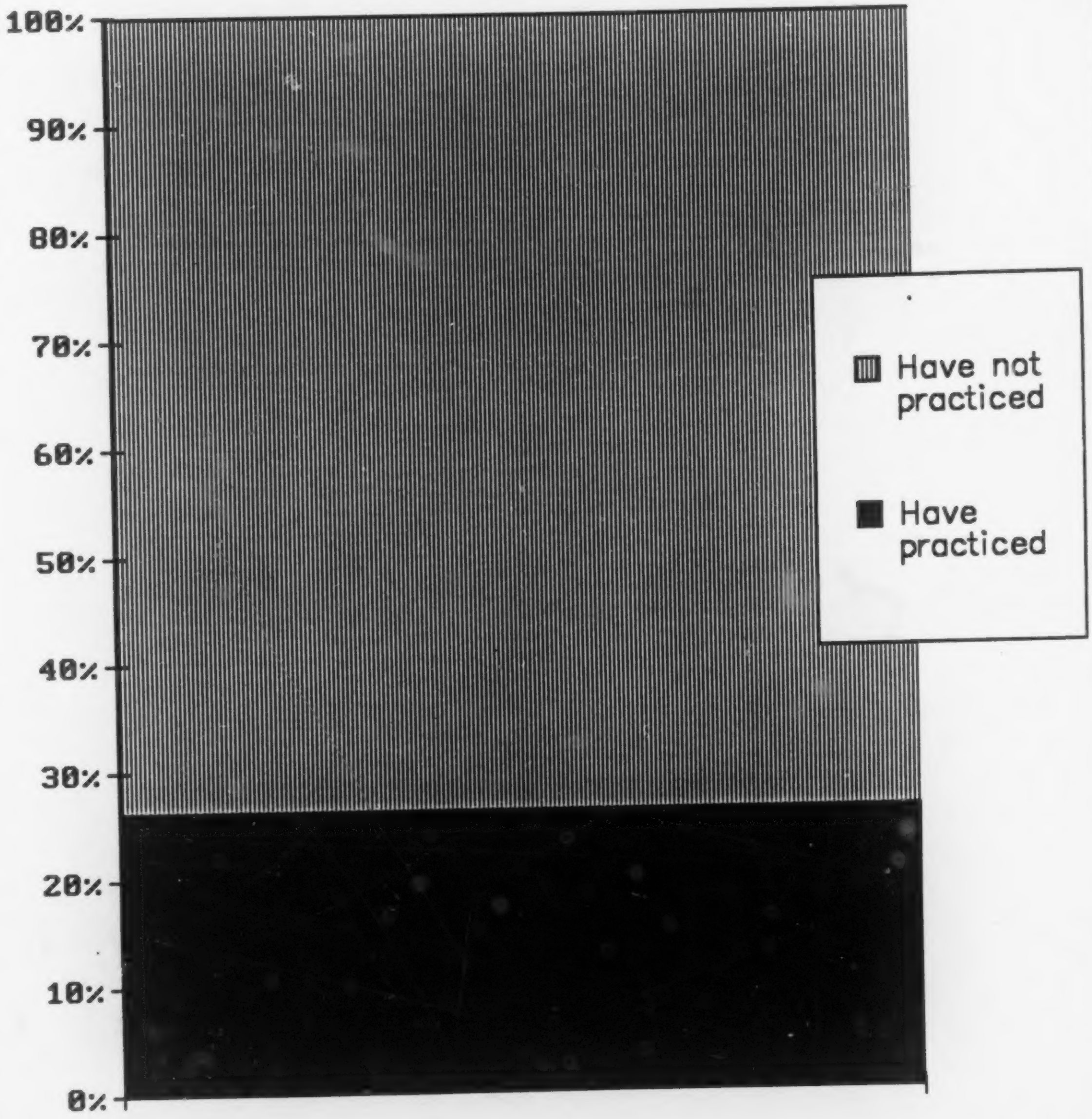
PRIOR LPN/LVN PRACTICE AMONG NEWLY LICENSED NURSES

Almost one-third of all newly licensed nurses have practiced as LPNs/LVNs.



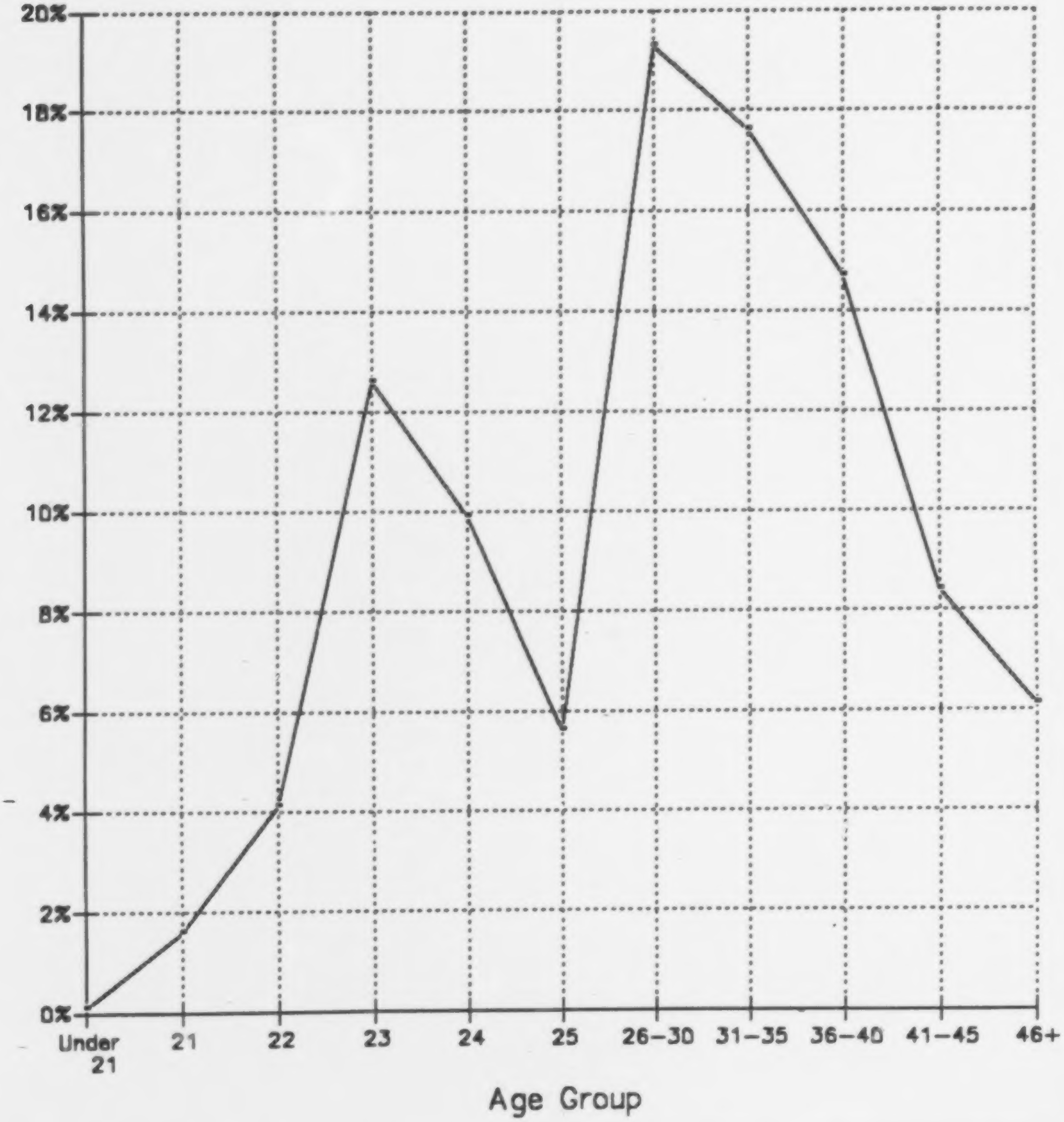
PRIOR LPN/LVN PRACTICE AMONG NEWLY LICENSED NURSES
Middle Atlantic Region

Of new nurses in the Middle Atlantic region, 26% have practiced as LPNs/LVNs.



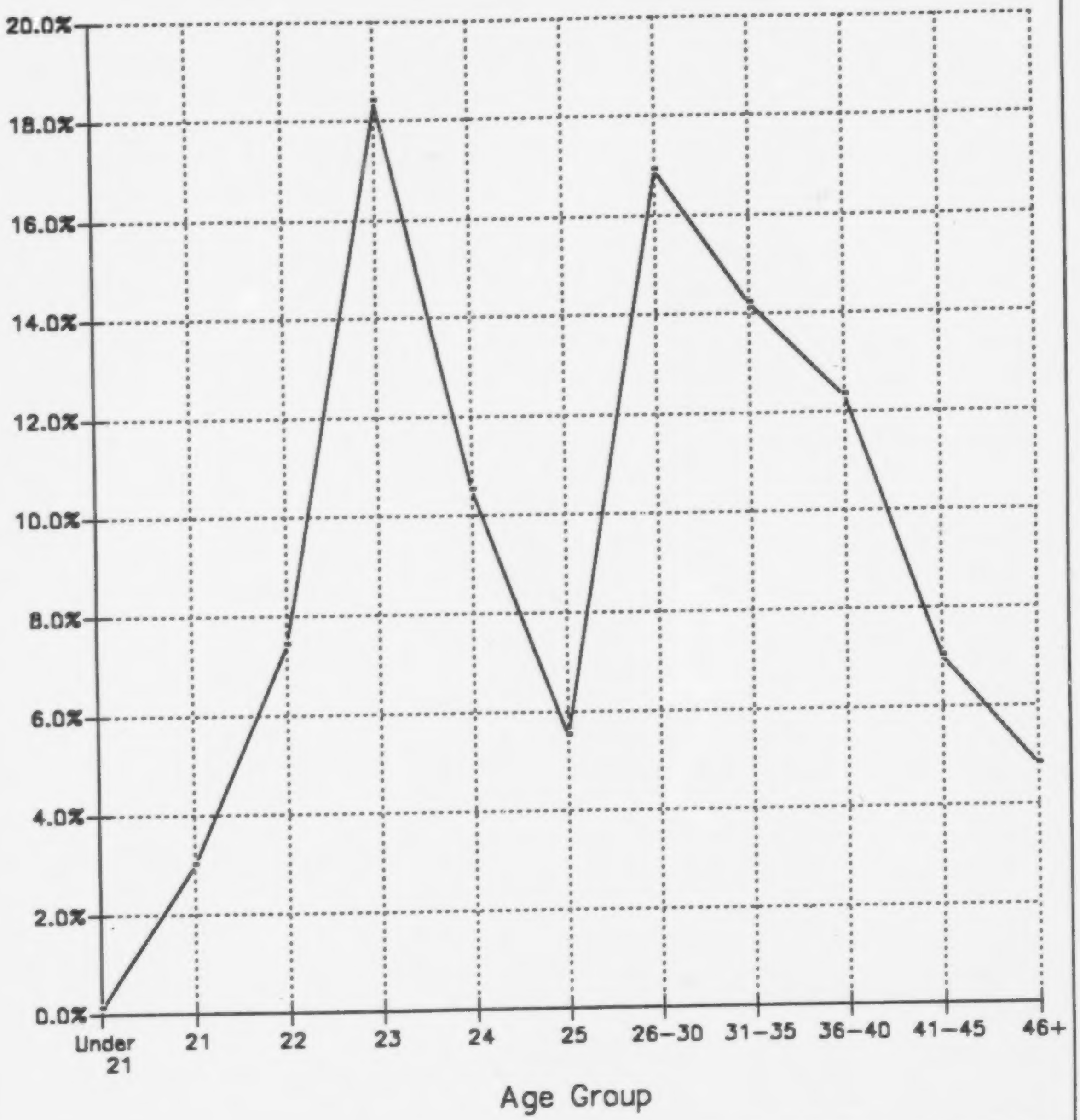
AGE DISTRIBUTION OF NEWLY LICENSED NURSES, 1990

The average age of new RNs is bimodal. The largest group of RNs consists of those 26 to 30 years old. Another peak exists at the 23-year-old mark.



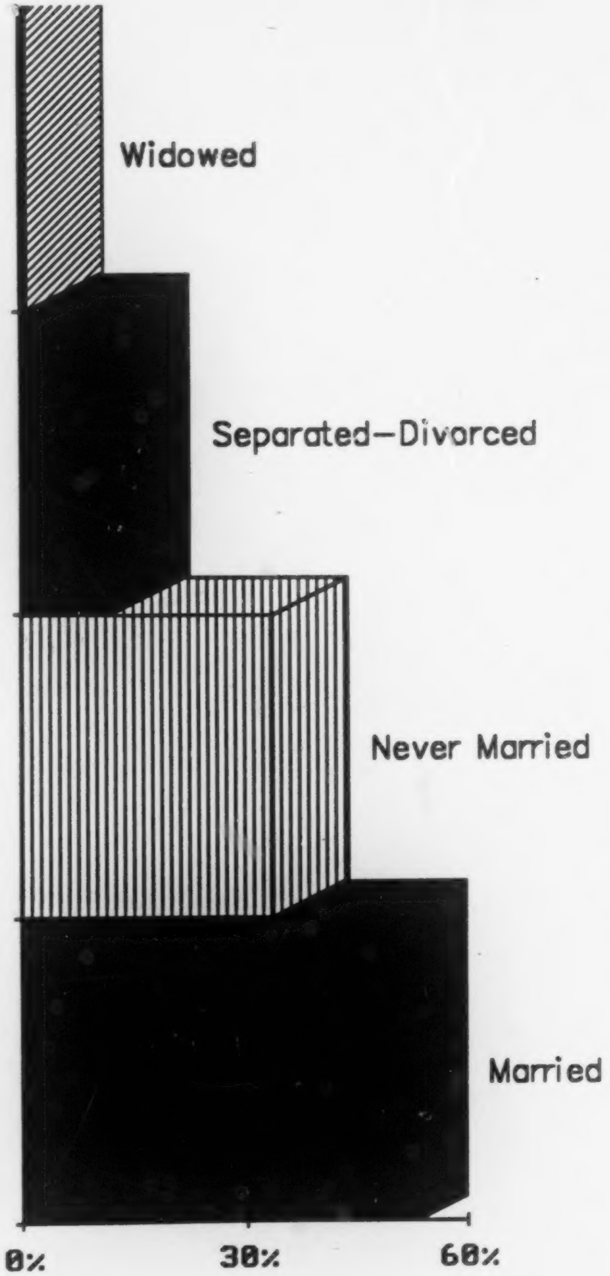
AGE DISTRIBUTION OF NEWLY LICENSED NURSES, 1990
Middle Atlantic Region

A plurality of newly licensed nurses in the Middle Atlantic region are age 23. The next largest group consists of 26 to 30 year olds.



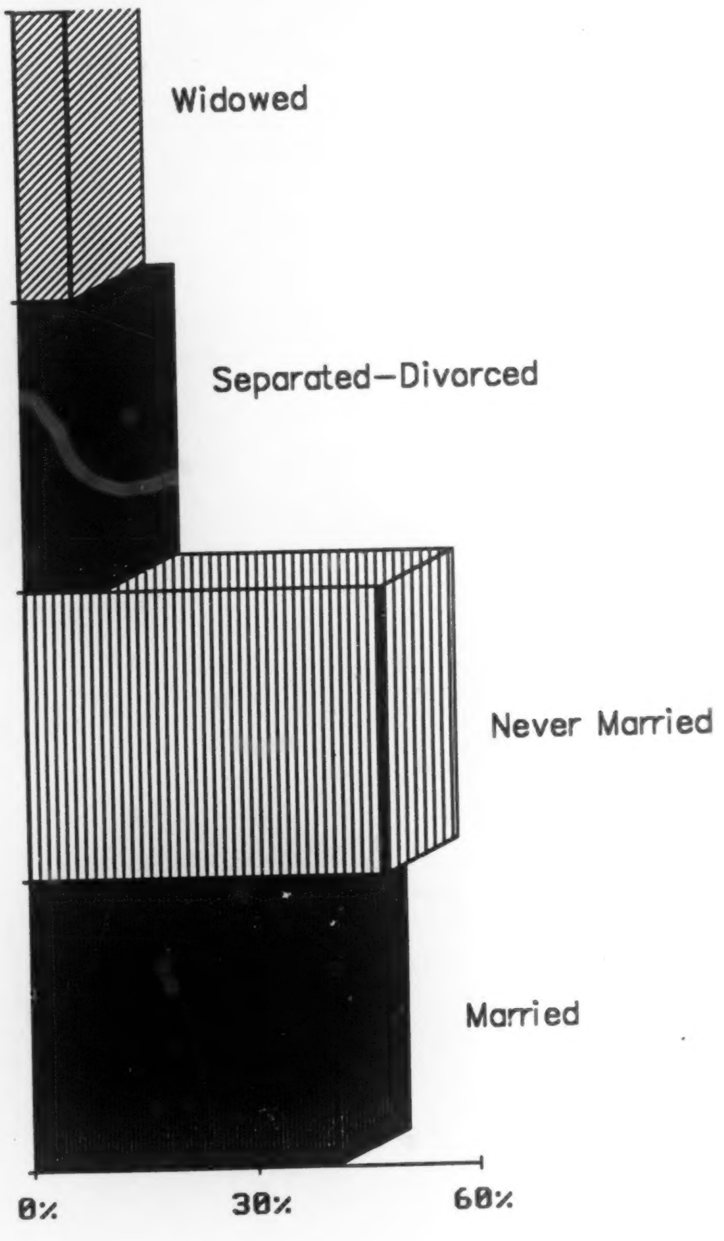
MARITAL STATUS OF NEWLY LICENSED NURSES, 1990

A majority of newly licensed
nurses are married.



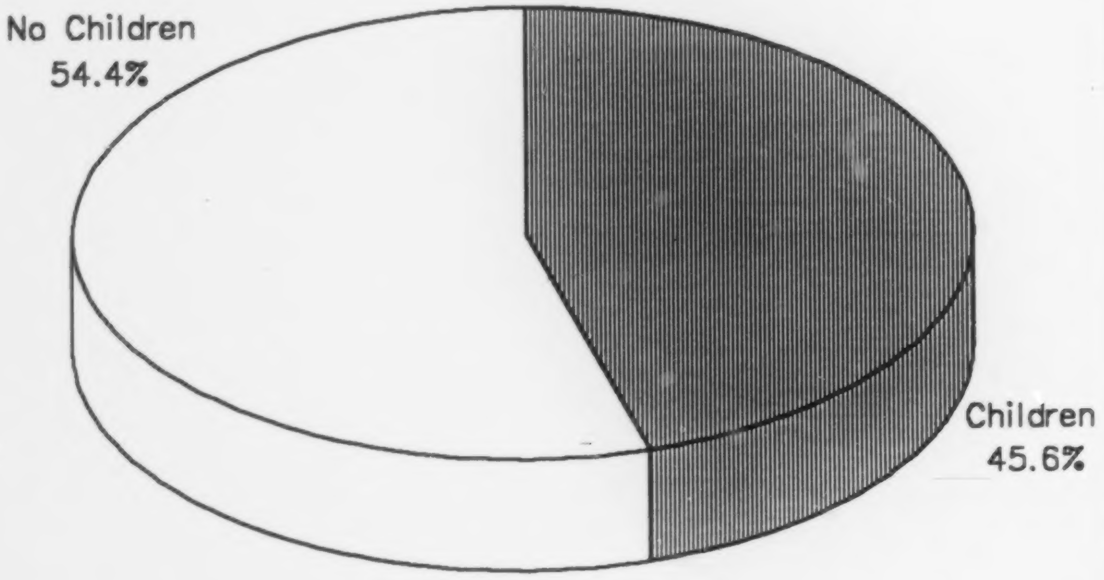
MARITAL STATUS OF NEWLY LICENSED NURSES, 1990
Middle Atlantic Region

A high proportion of new nurses in the Middle Atlantic region are single.



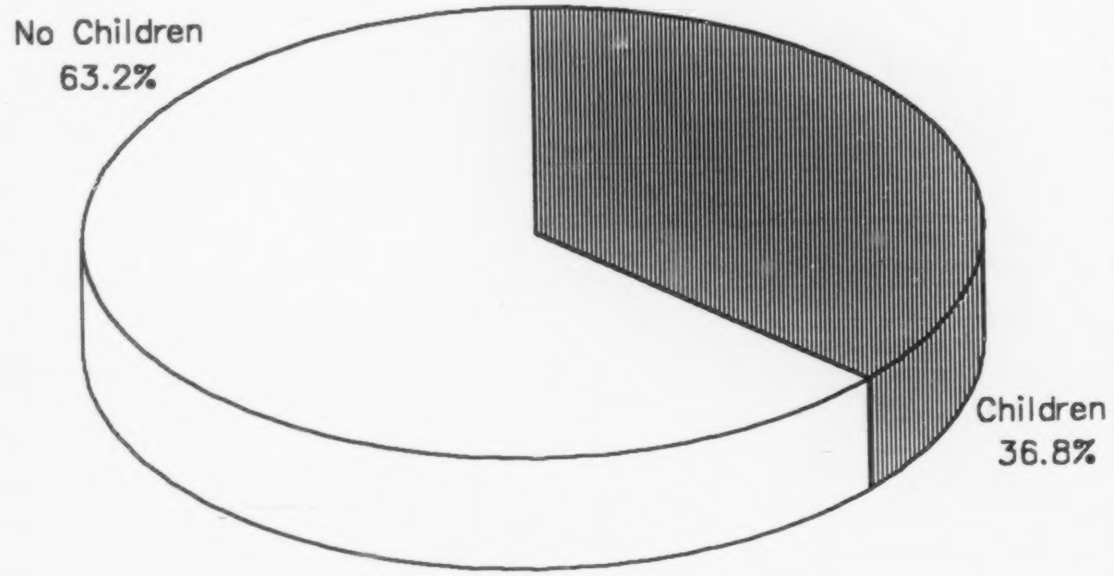
PERCENTAGE OF NEWLY LICENSED NURSES WITH AND WITHOUT CHILDREN, 1990

The percentage of newly licensed nurses who have children is almost equal to the percentage who have no children at home.



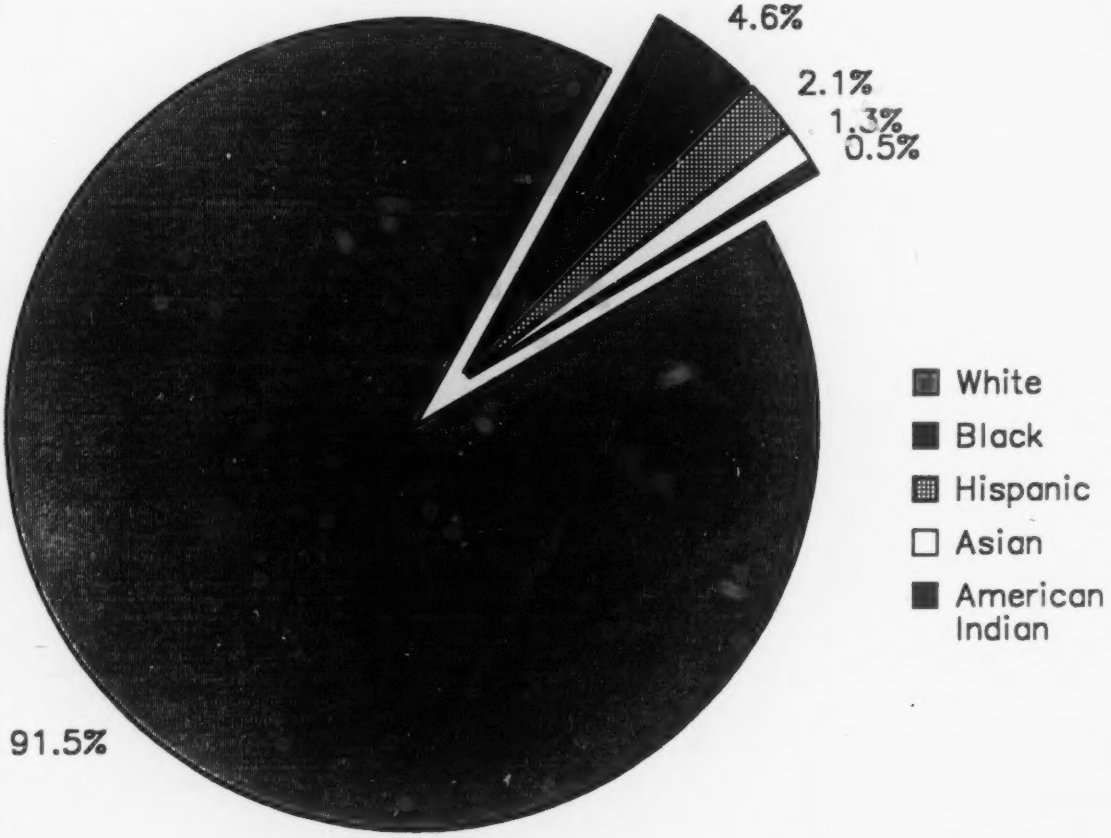
PERCENTAGE OF NEWLY LICENSED NURSES WITH AND WITHOUT CHILDREN, 1990
Middle Atlantic Region

Almost two–thirds of newly licensed nurses in the Middle Atlantic region have no children.



RACIAL/ETHNIC BACKGROUND OF NEWLY LICENSED NURSES, 1990

The overwhelming majority of newly licensed nurses are white. Less than 9% are non-white.



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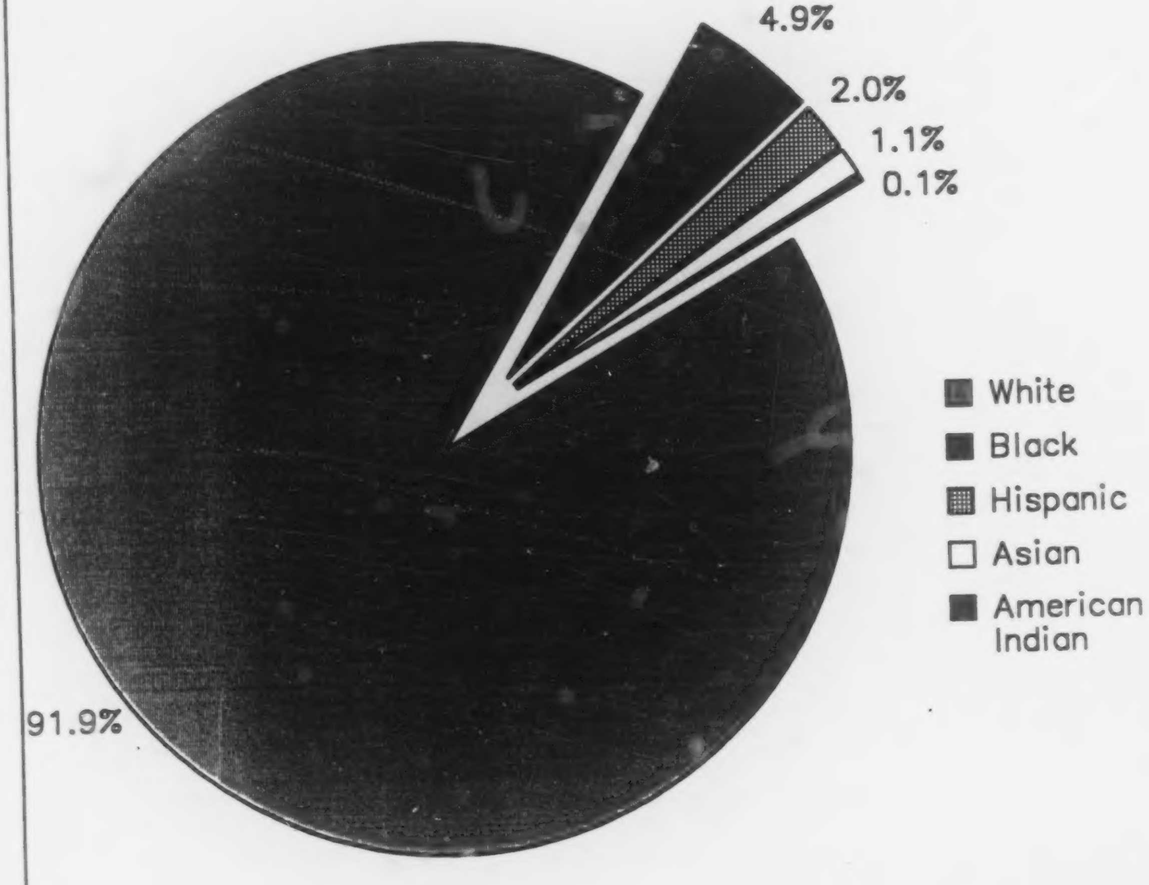
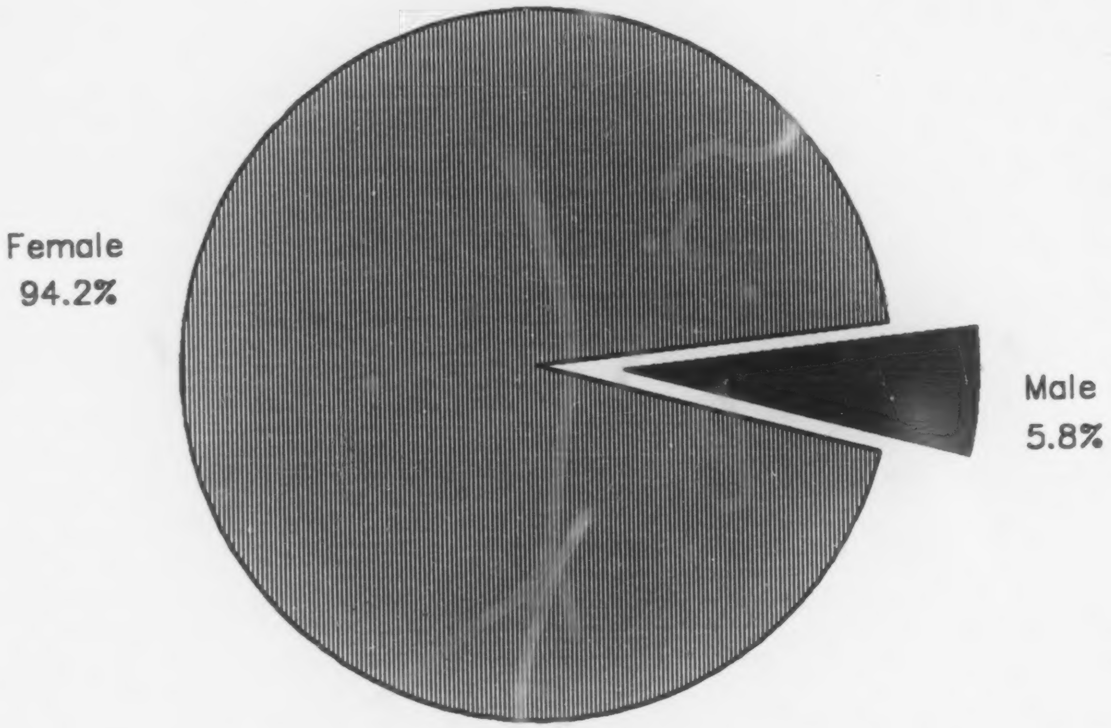


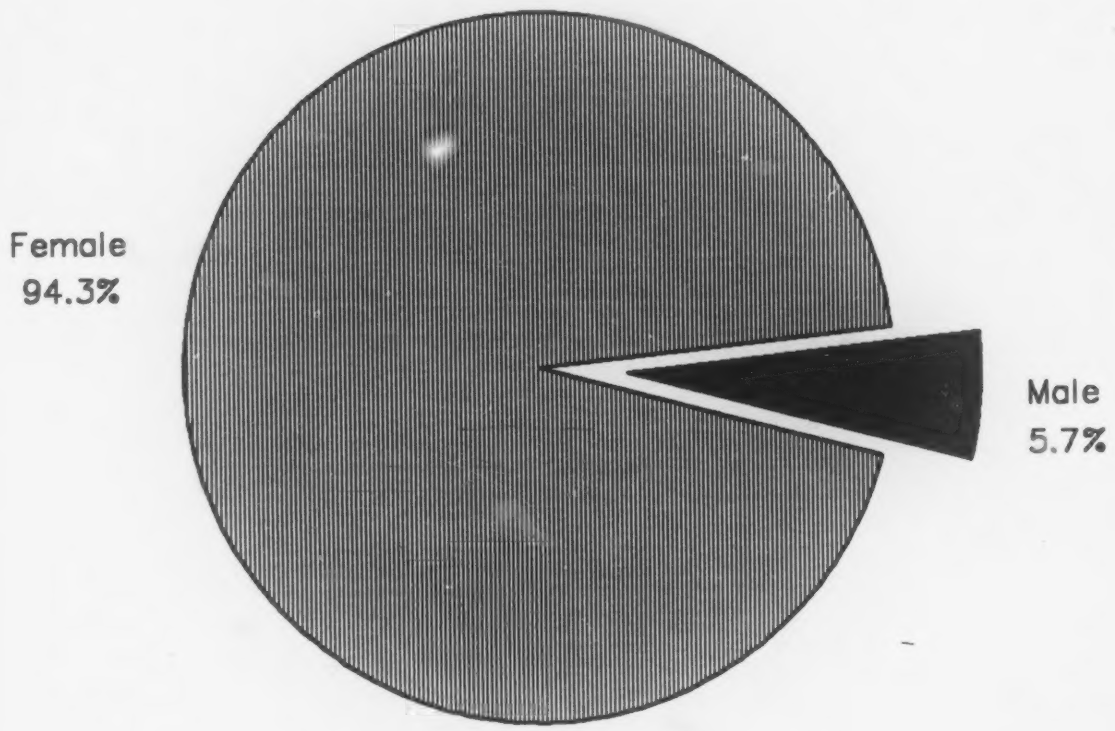
GENDER OF NEWLY LICENSED NURSES, 1990

An overwhelming majority of newly licensed nurses are female.



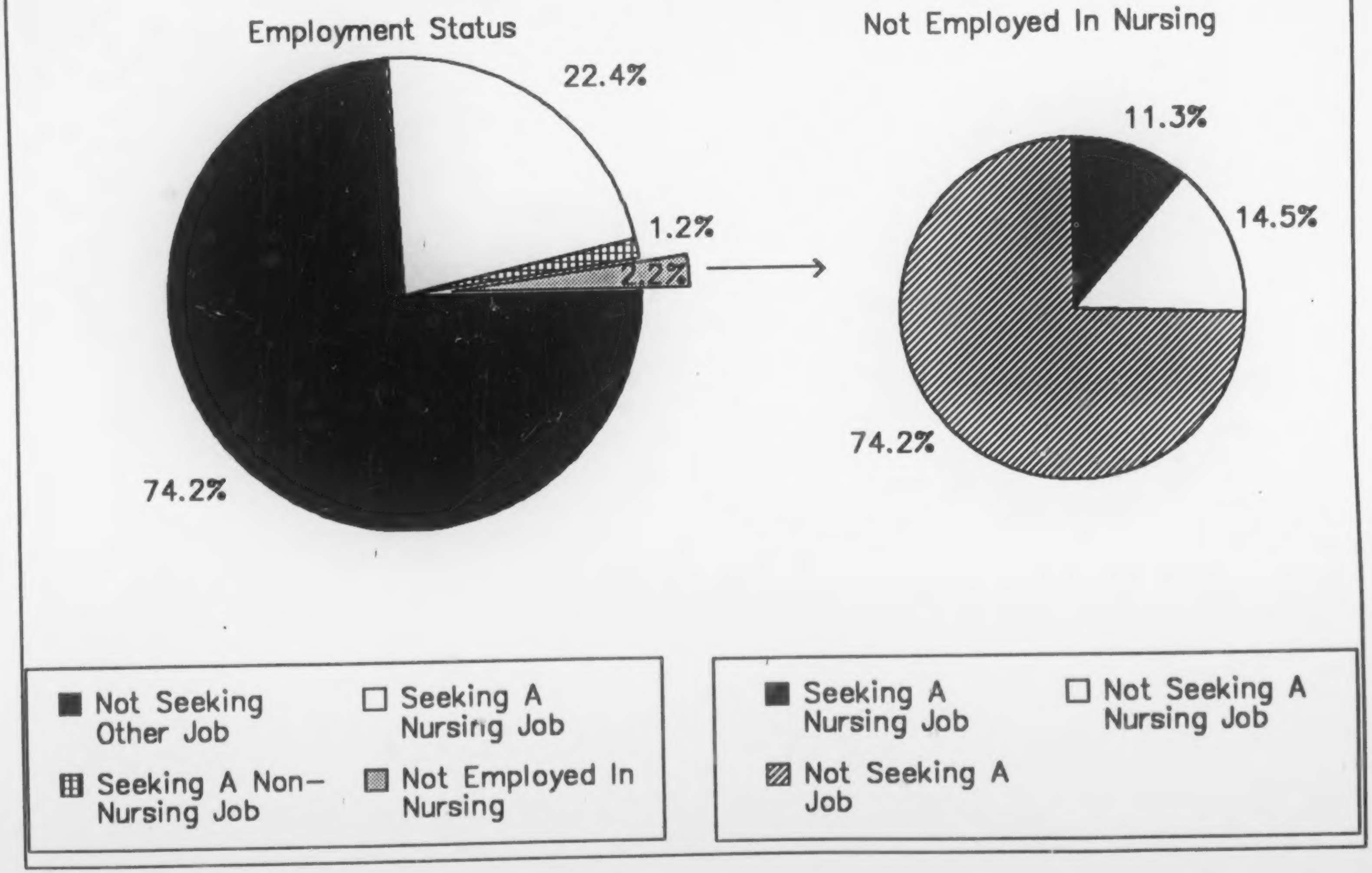
GENDER OF NEWLY LICENSED NURSES, 1990
Middle Atlantic Region

An overwhelming majority of newly licensed nurses are female.



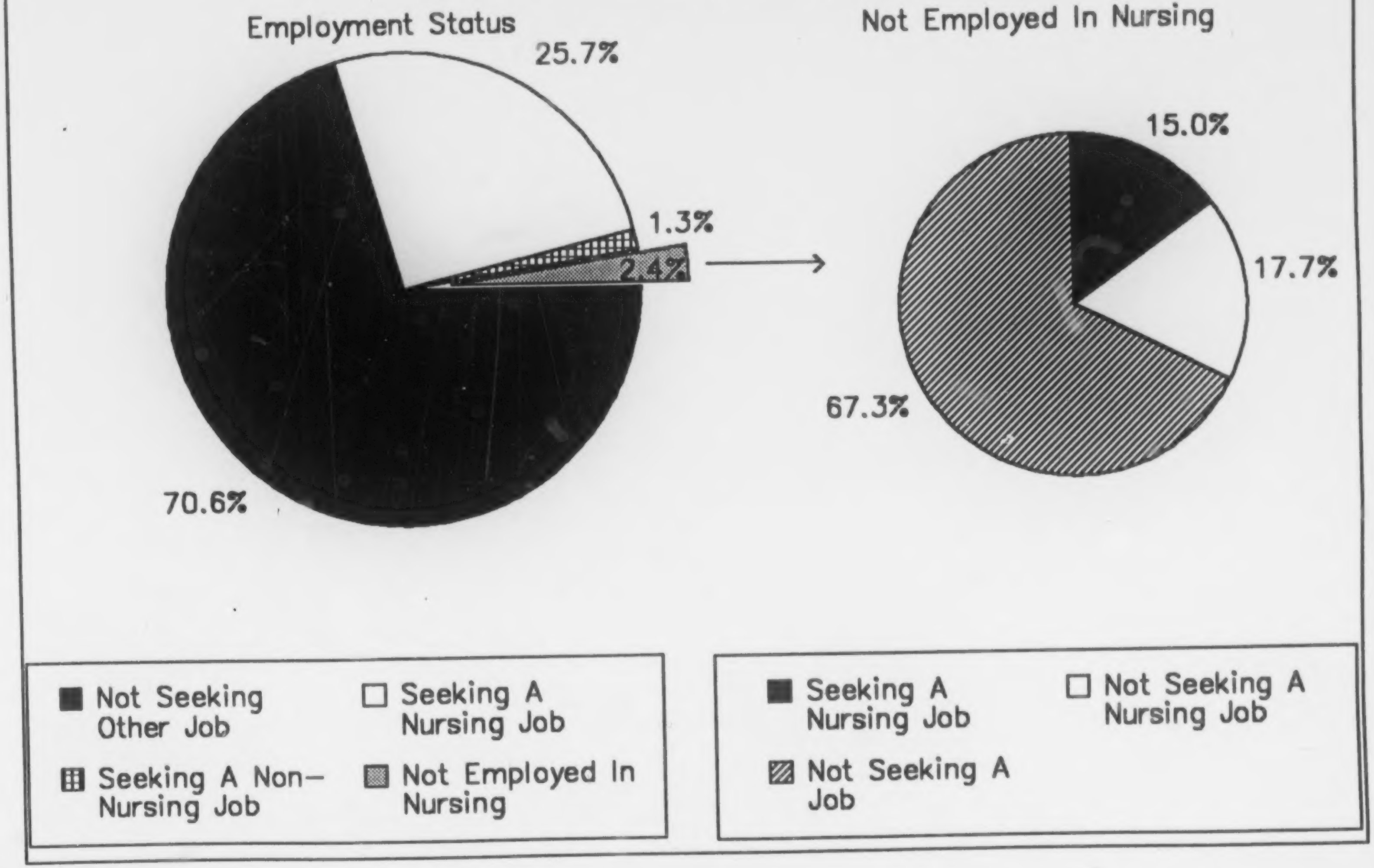
Employment Status of Newly Licensed Nurses, 1990

Over two-thirds of new nurses currently employed in nursing are not seeking another job. Of those unemployed, 74% are voluntarily unemployed.



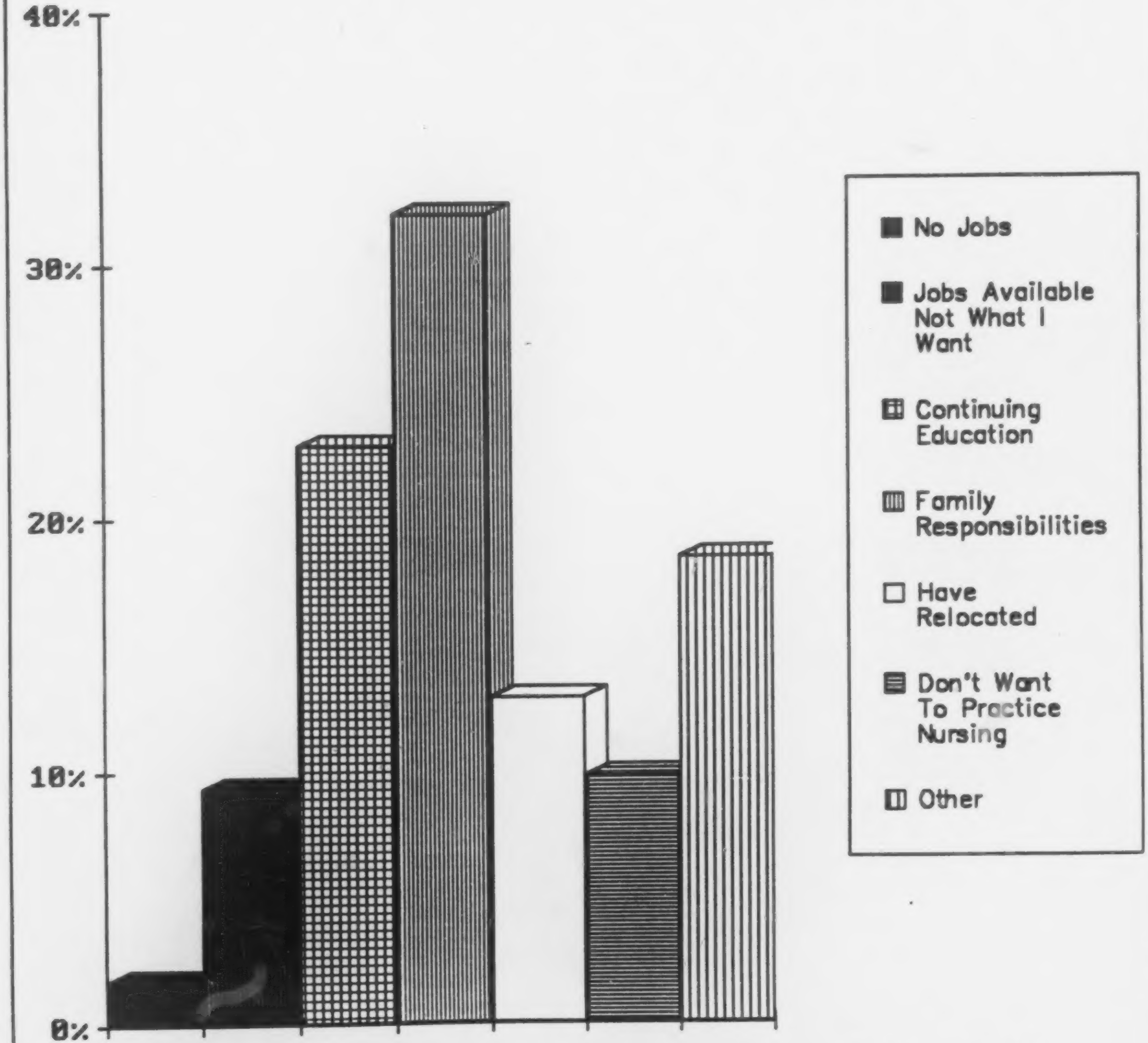
Employment Status of Newly Licensed Nurses, 1990
Middle Atlantic Region

Over two-thirds of new nurses currently employed in nursing are not seeking another job. Of those unemployed, 67% are voluntarily unemployed.



MAIN REASON WHY NEWLY LICENSED NURSES ARE NOT EMPLOYED IN NURSING

Respondents most often cited "family responsibilities" as their main reason for not currently holding a nursing position.



Note: Only 2 percent of all newly licensed nurses are not employed in nursing. Multiple responses allowed.

MAIN REASON WHY NEWLY LICENSED NURSES ARE NOT EMPLOYED IN NURSING
Middle Atlantic Region

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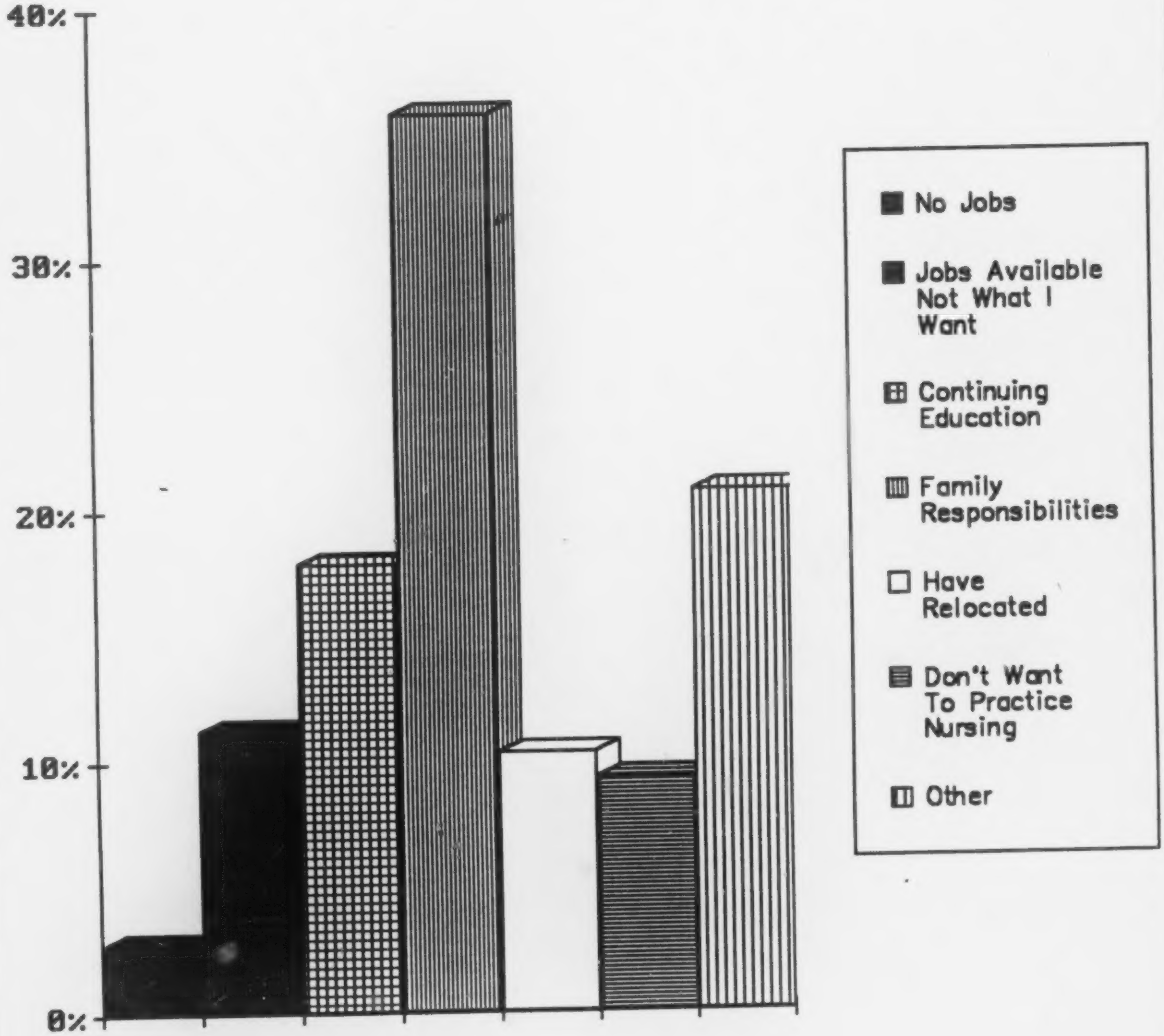
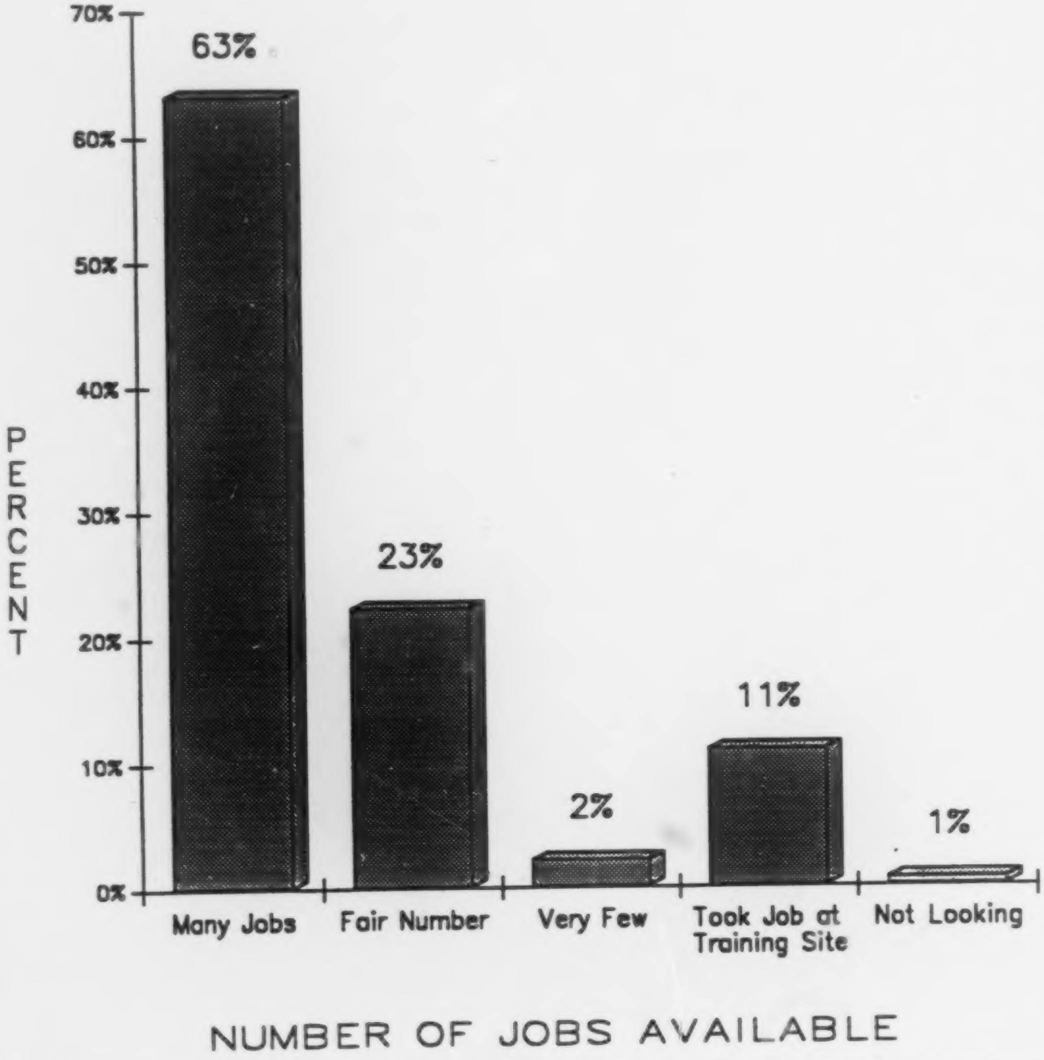


PERCEPTIONS OF JOB AVAILABILITY OF NEWLY LICENSED NURSES, 1990

Almost two–thirds stated that "many jobs" were available when they were job–hunting indicating that demand for new RNs is strong.



PERCEPTIONS OF JOB AVAILABILITY OF NEWLY LICENSED NURSES, 1990

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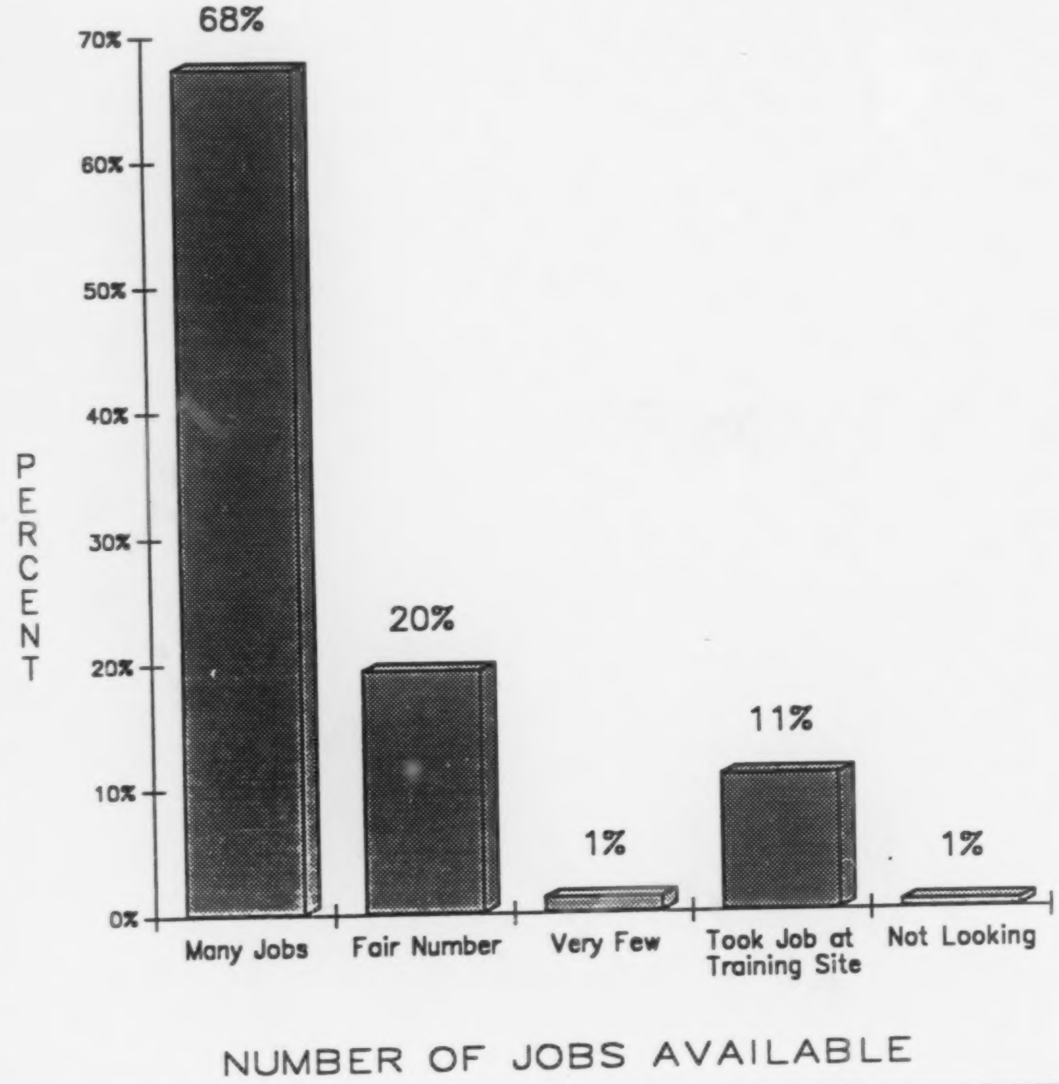
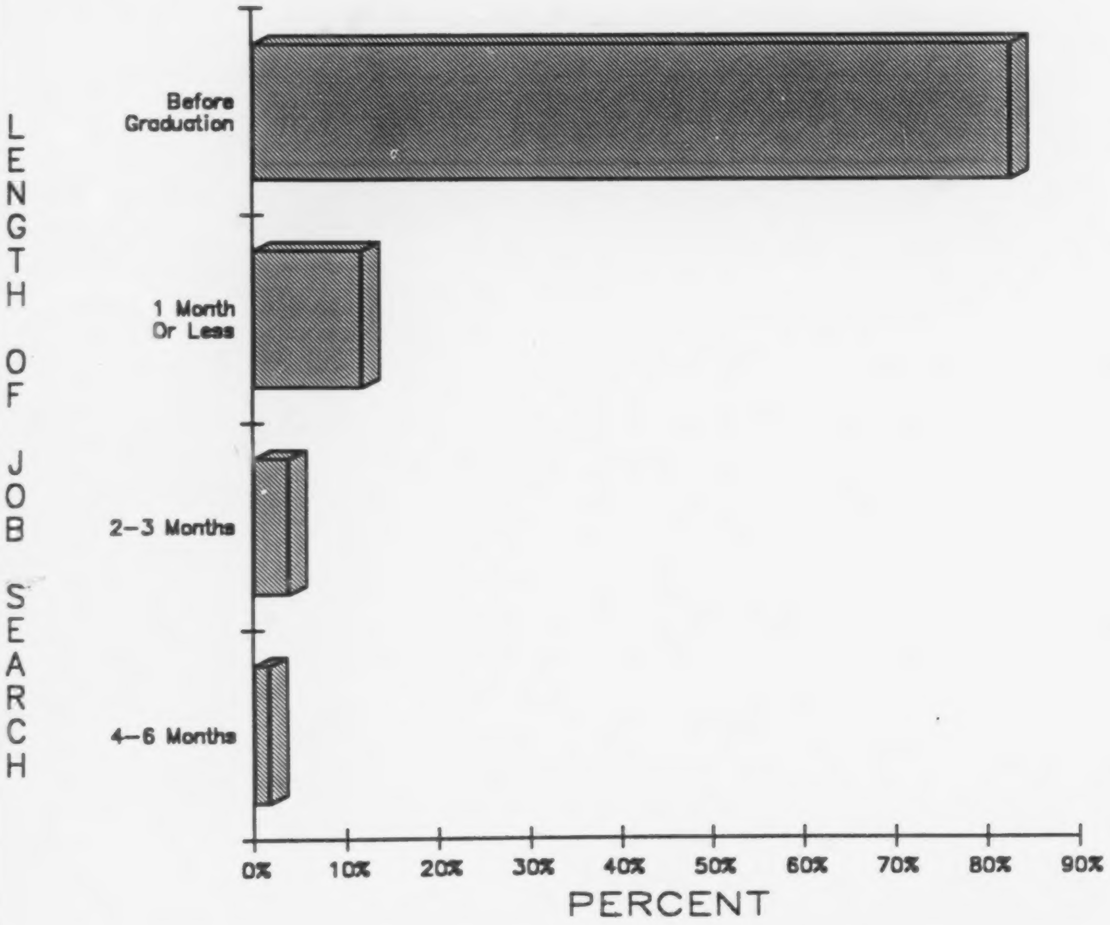


LENGTH OF JOB SEARCH OF NEWLY LICENSED NURSES, 1990

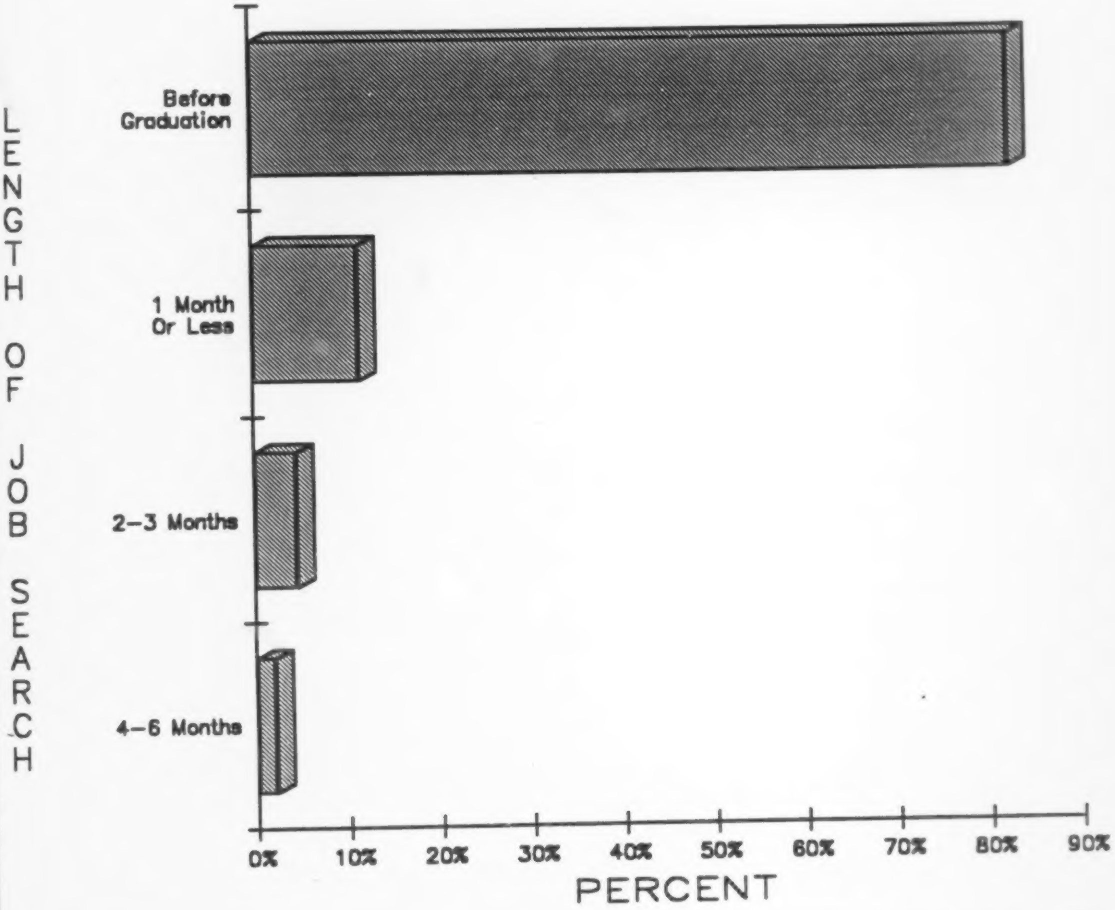
Demand for new RNs is high. Over 90% found jobs either before or within one month of graduation.



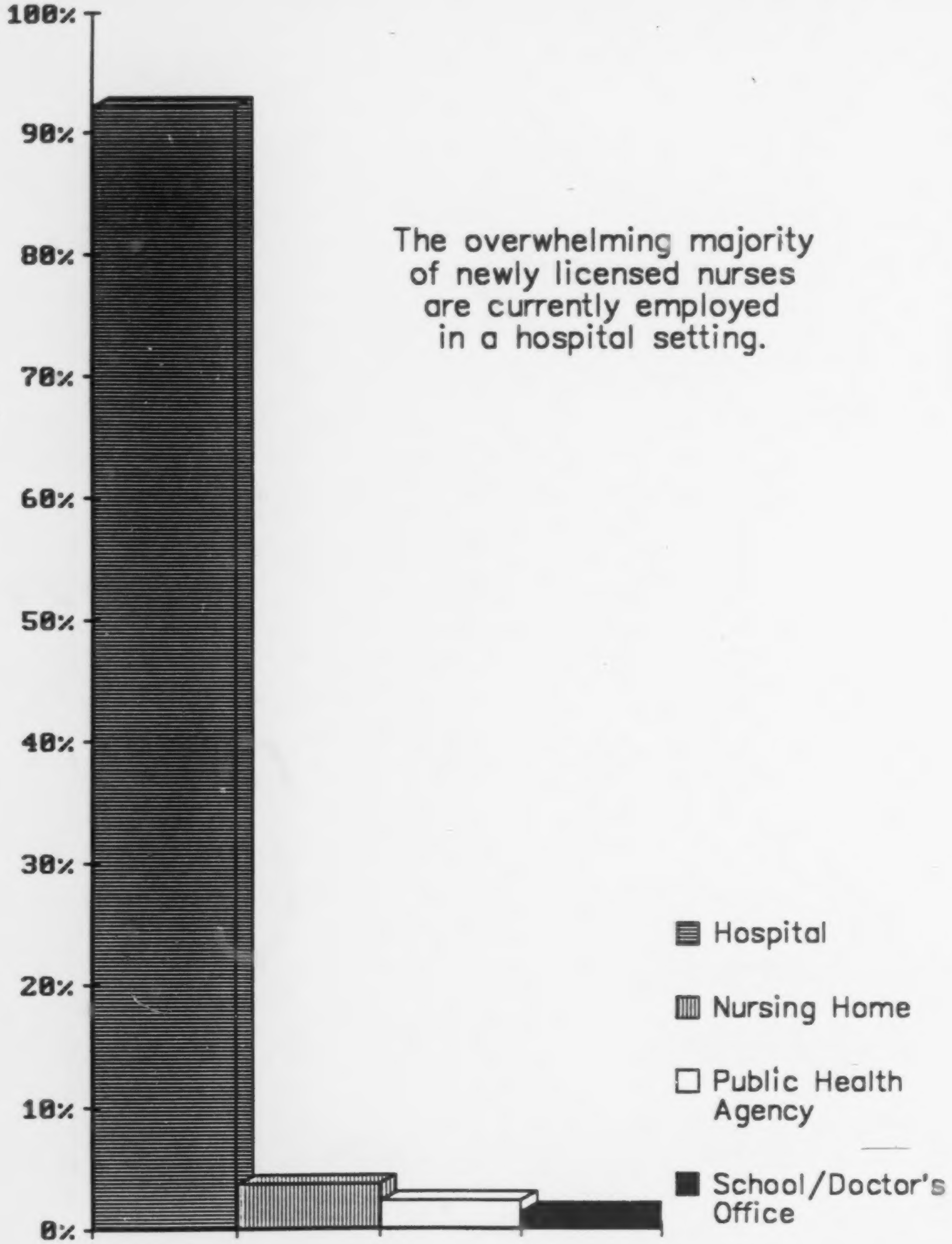
LENGTH OF JOB SEARCH OF NEWLY LICENSED NURSES, 1990

Middle Atlantic Region

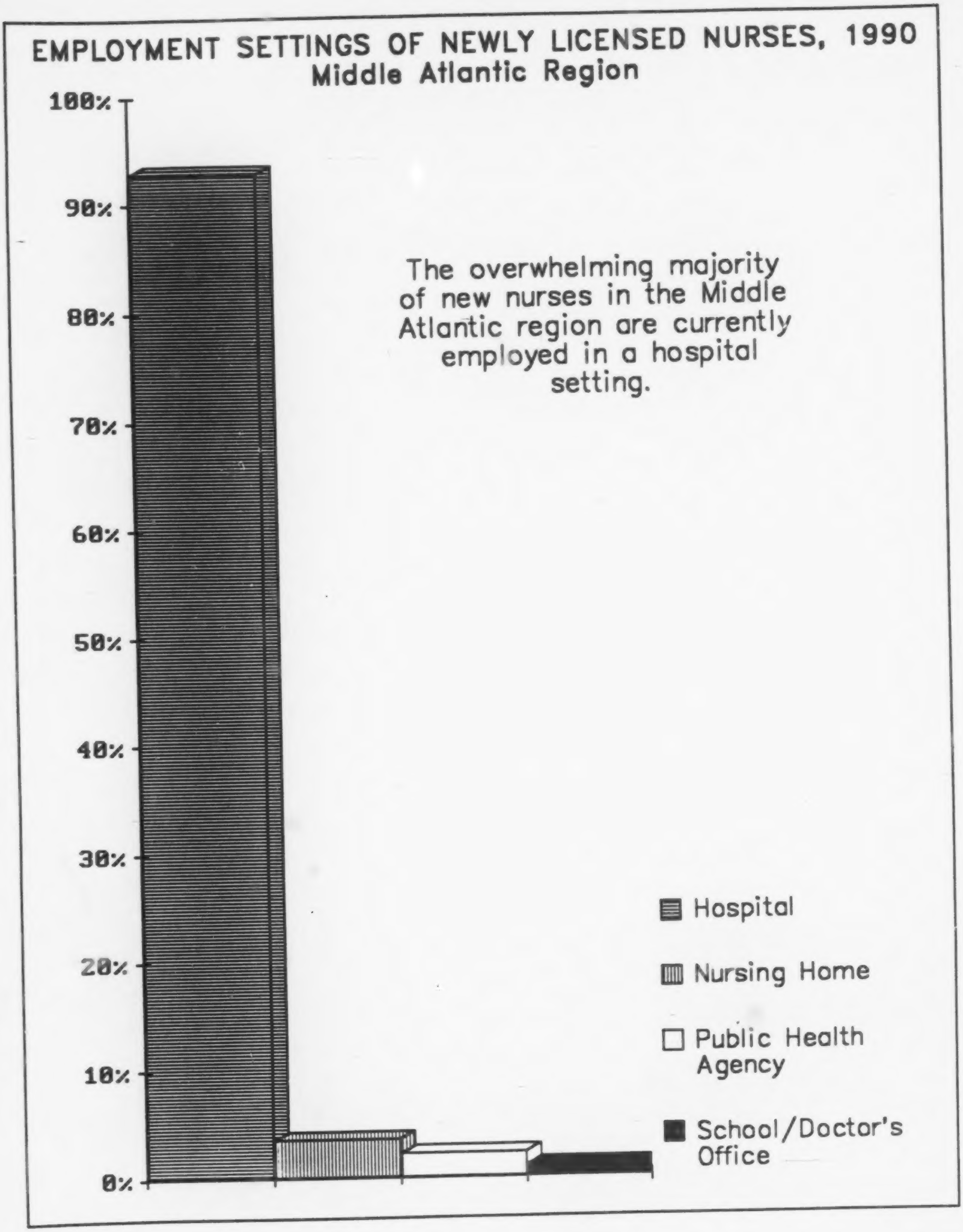
Demand for new RNs is high. Over 82% found jobs before graduation.



EMPLOYMENT SETTINGS OF NEWLY LICENSED NURSES, 1990



The overwhelming majority of newly licensed nurses are currently employed in a hospital setting.

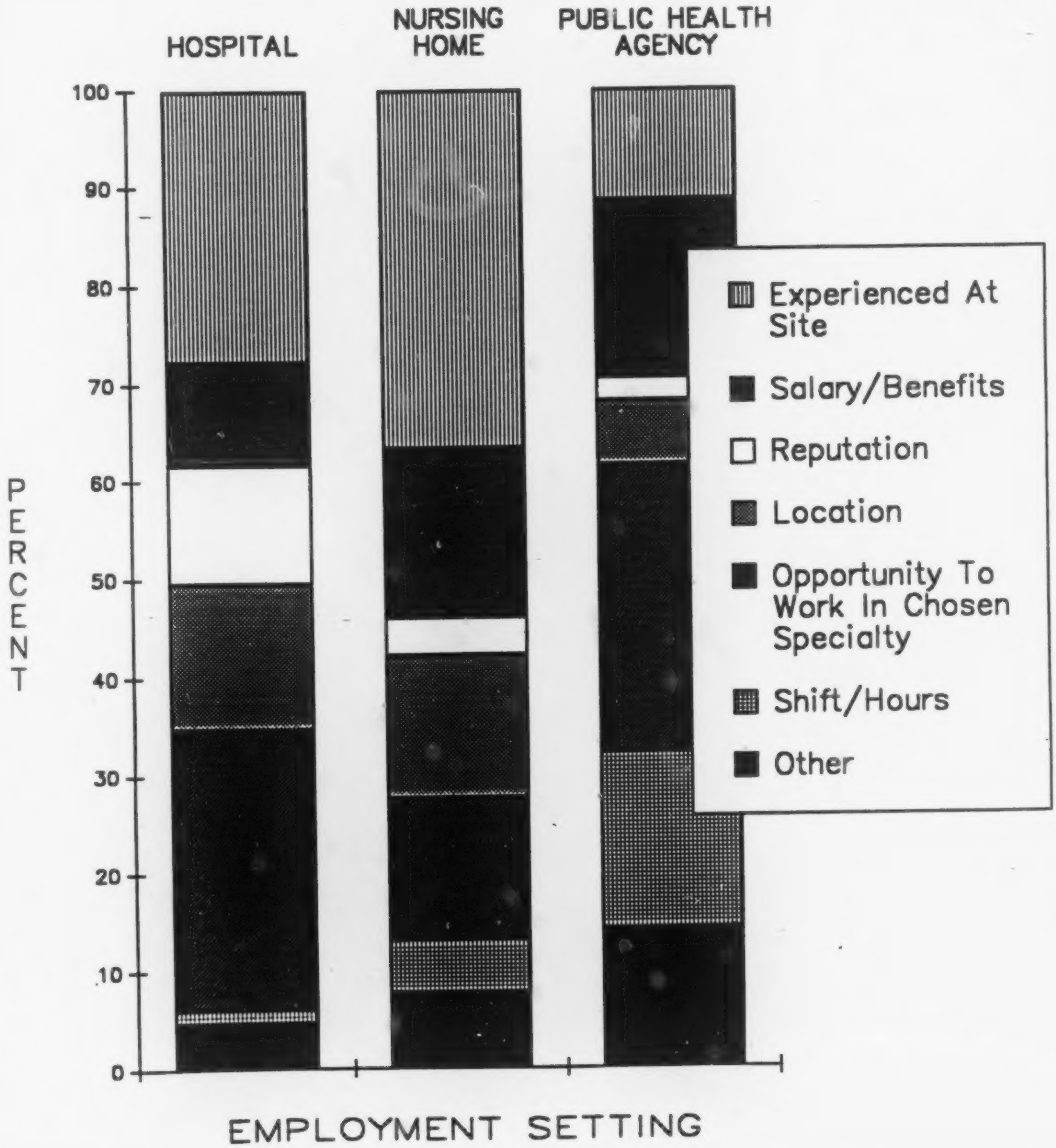


EMPLOYMENT SETTINGS OF NEWLY LICENSED NURSES, 1990
Middle Atlantic Region

The overwhelming majority of new nurses in the Middle Atlantic region are currently employed in a hospital setting.

REASONS FOR CHOOSING CURRENT POSITION BY EMPLOYMENT SETTING, 1990

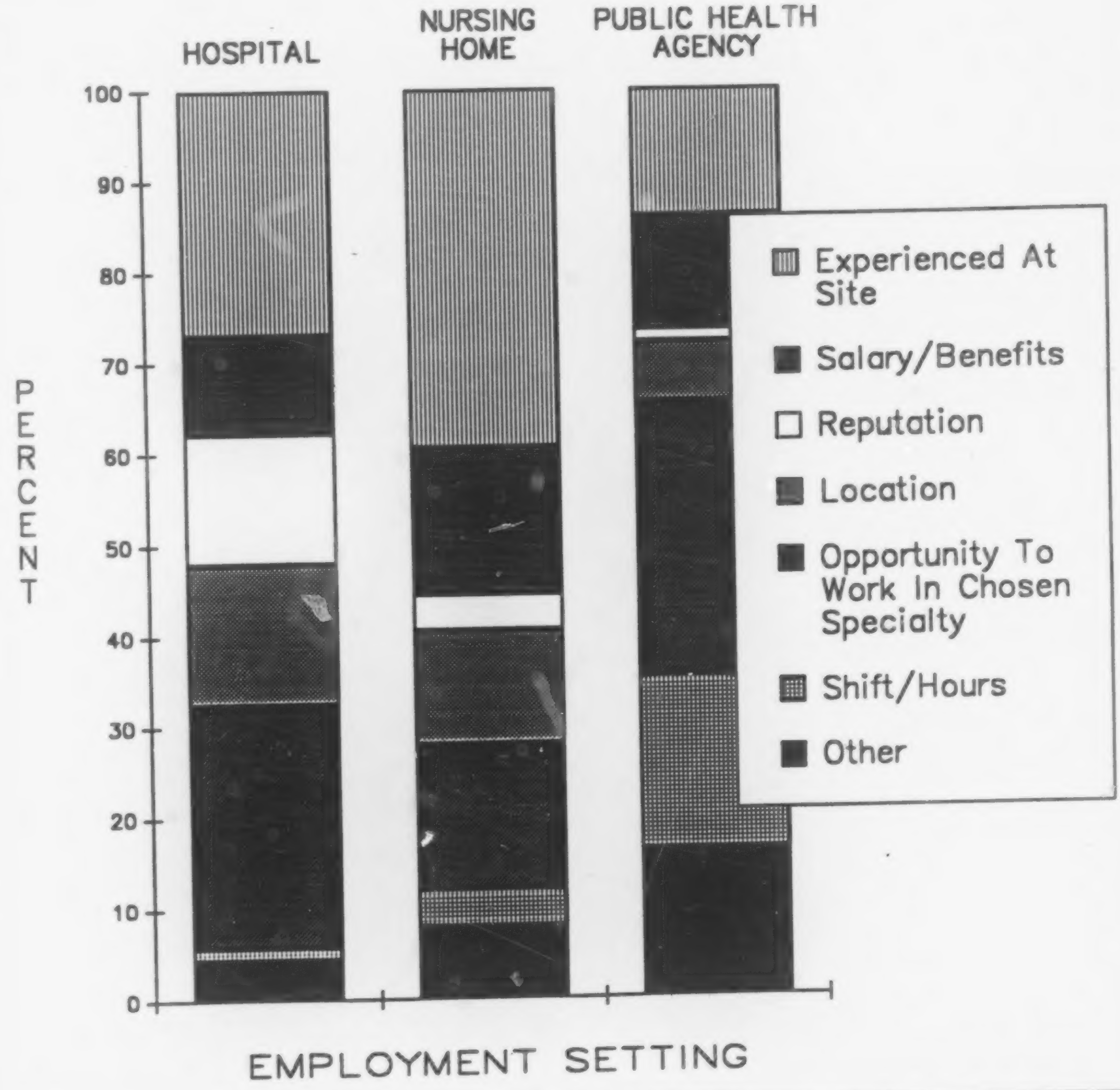
A plurality of new RNs in hospitals and public health agencies chose their position to work in their chosen specialty. Those working in nursing homes chose their position because of prior experience at the site.



REASONS FOR CHOOSING CURRENT POSITION BY EMPLOYMENT SETTING, 1990

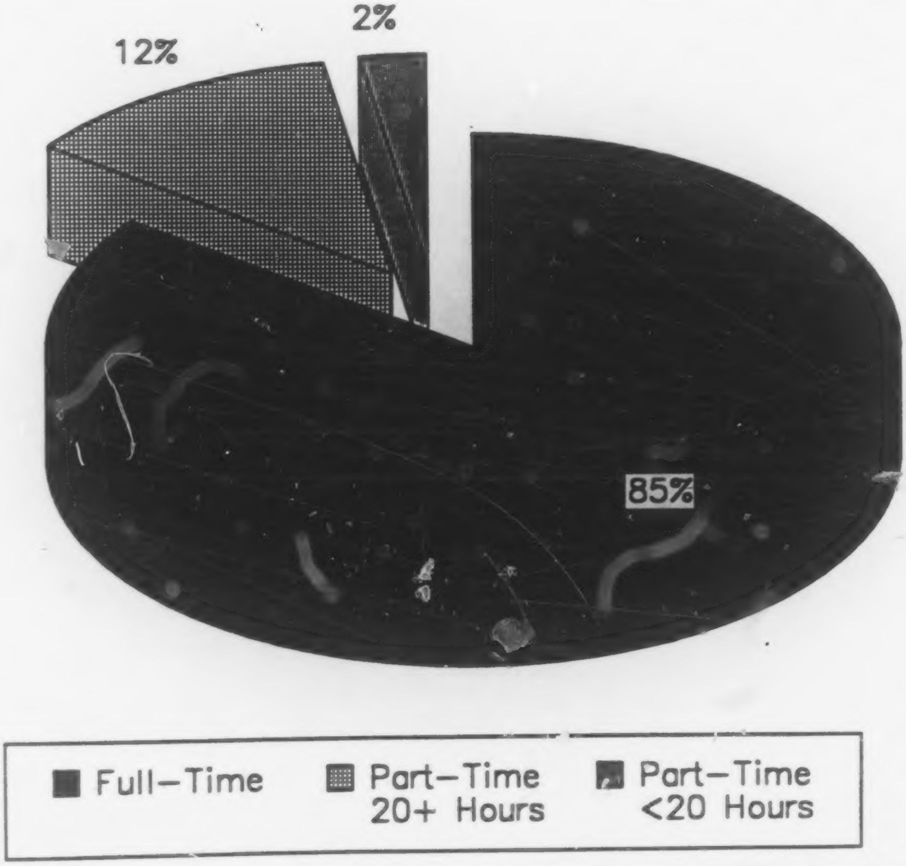
Middle Atlantic Region

The most frequently cited reasons for job selection are "opportunity to work in chosen specialty" and "prior experience in institution".



ACTIVITY STATUS OF NEWLY LICENSED NURSES, 1990

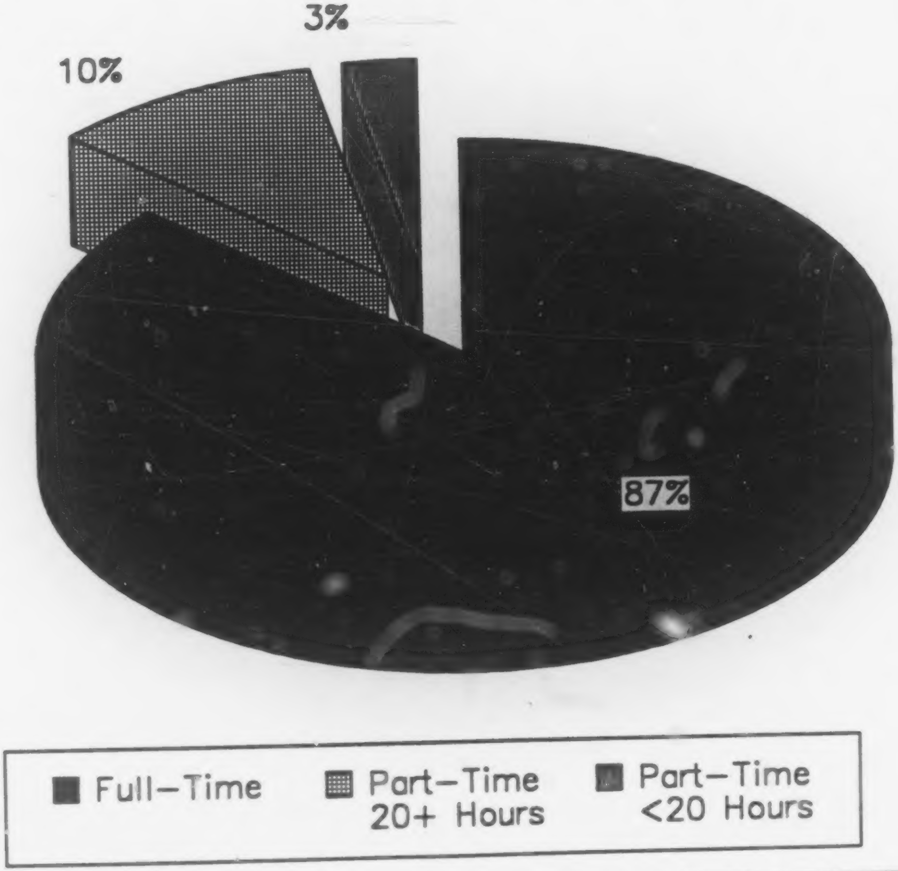
A great majority of new RNs work full-time. Only 2% work less than 20 hours per week.

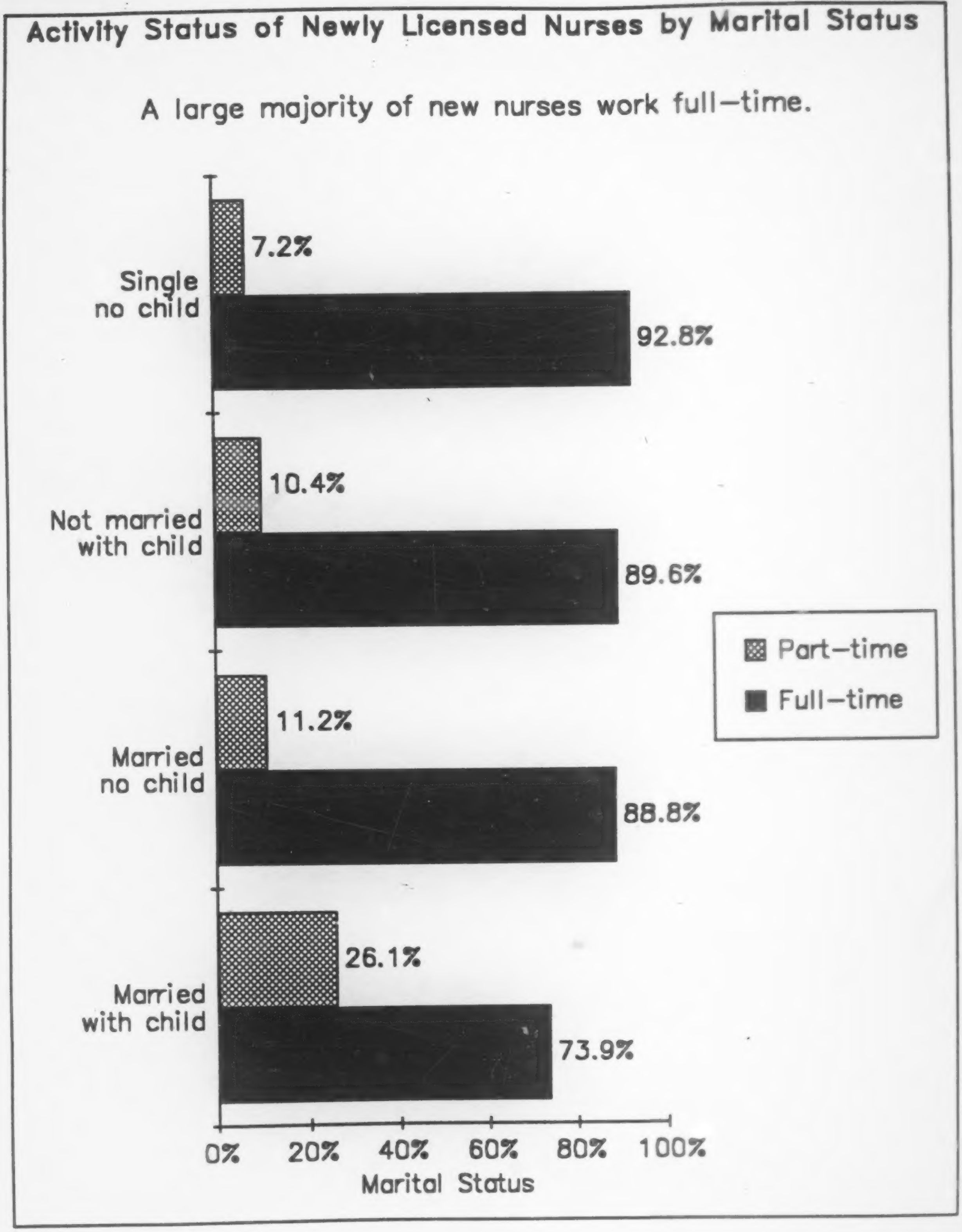


ACTIVITY STATUS OF NEWLY LICENSED NURSES, 1990

Middle Atlantic Region

A great majority of new RNs in the Middle Atlantic region work full-time.



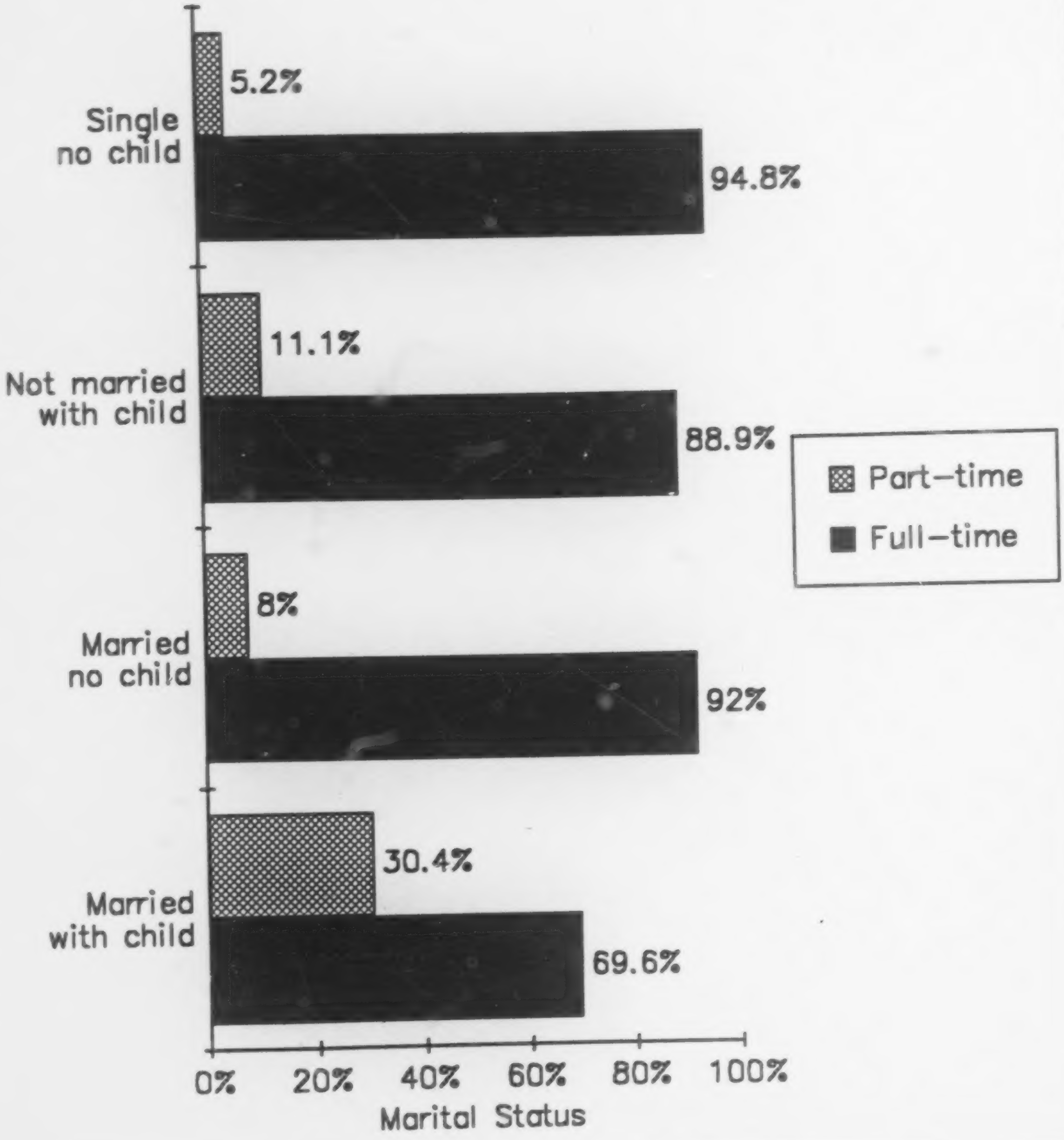


Activity Status of Newly Licensed Nurses by Marital Status

A large majority of new nurses work full-time.

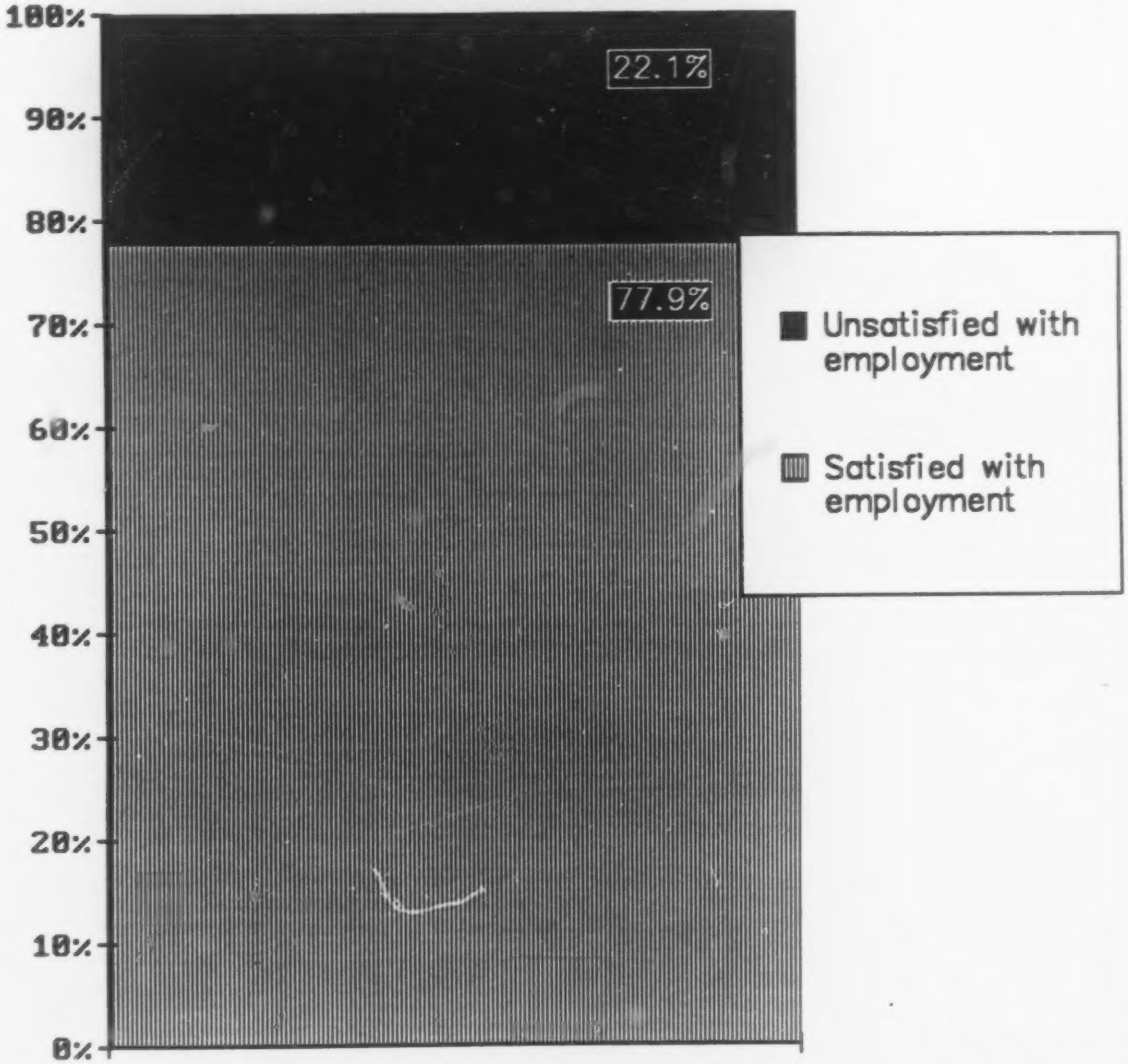
Activity Status of Newly Licensed Nurses by Marital Status Middle Atlantic Region

A majority of new nurses work full-time.



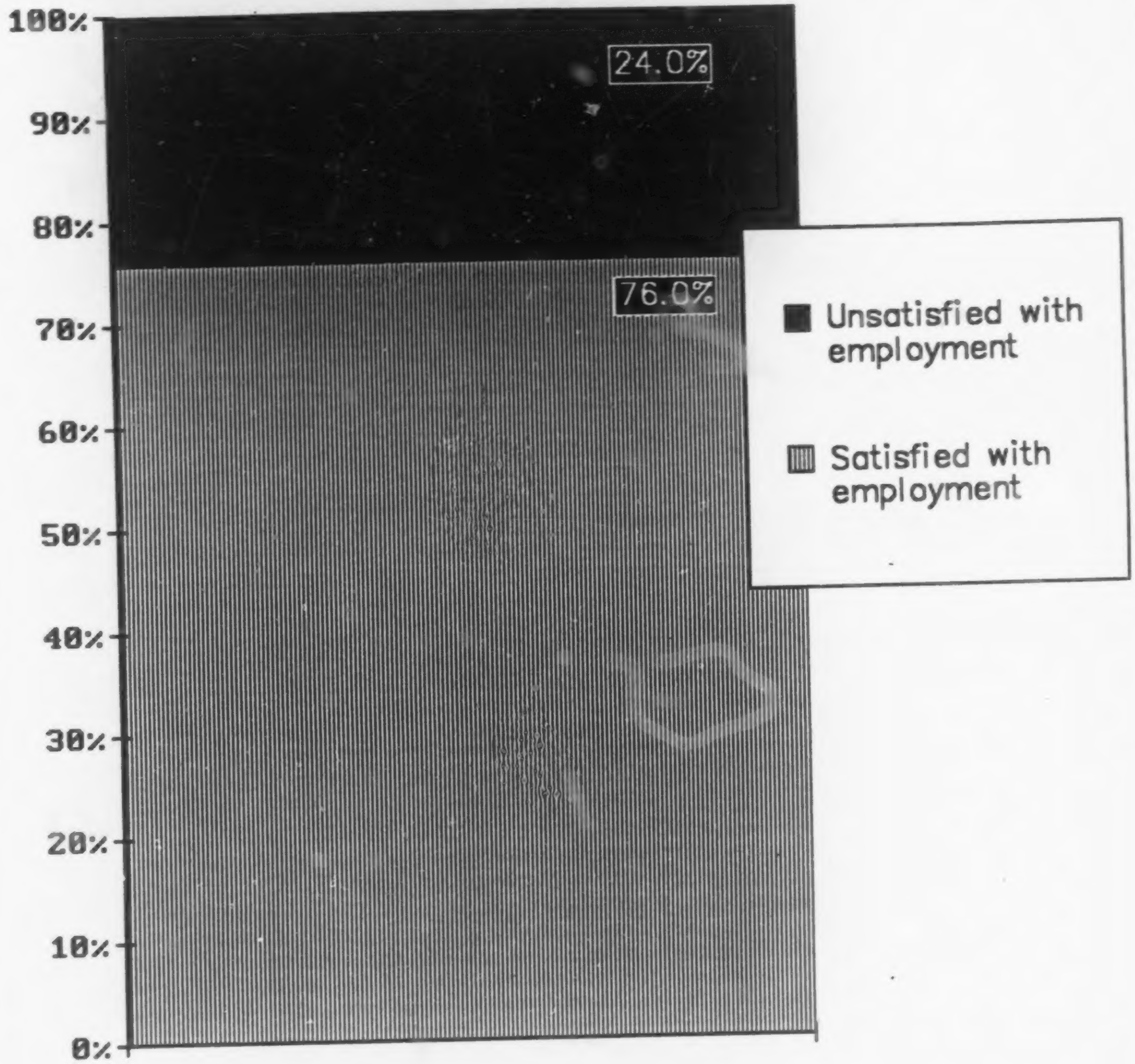
EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES

A high proportion of new nurses (77.9%) are satisfied with their employment



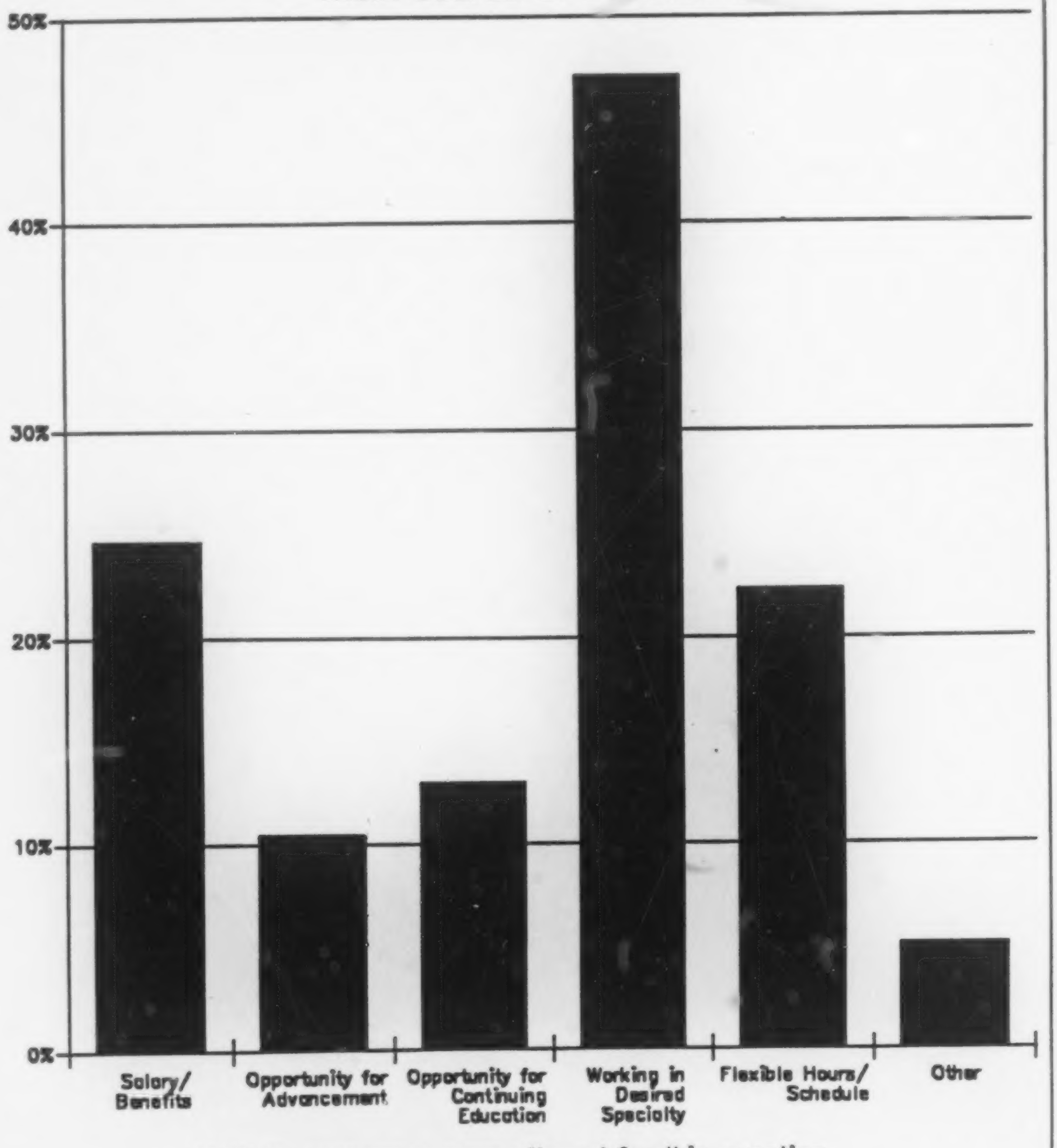
EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES
Middle Atlantic Region

A high proportion of new nurses (76.0%) are satisfied with their employment in the Middle Atlantic region.



MAIN SOURCE OF JOB SATISFACTION OF NEWLY LICENSED NURSES, 1990

Respondents most often cited "working in desired specialty" as their main source of satisfaction.



*Multiple responses were allowed for this question. Therefore, the sum of all responses will be greater than 100 percent.

MAIN SOURCE OF JOB SATISFACTION OF NEWLY LICENSED NURSES, 1990
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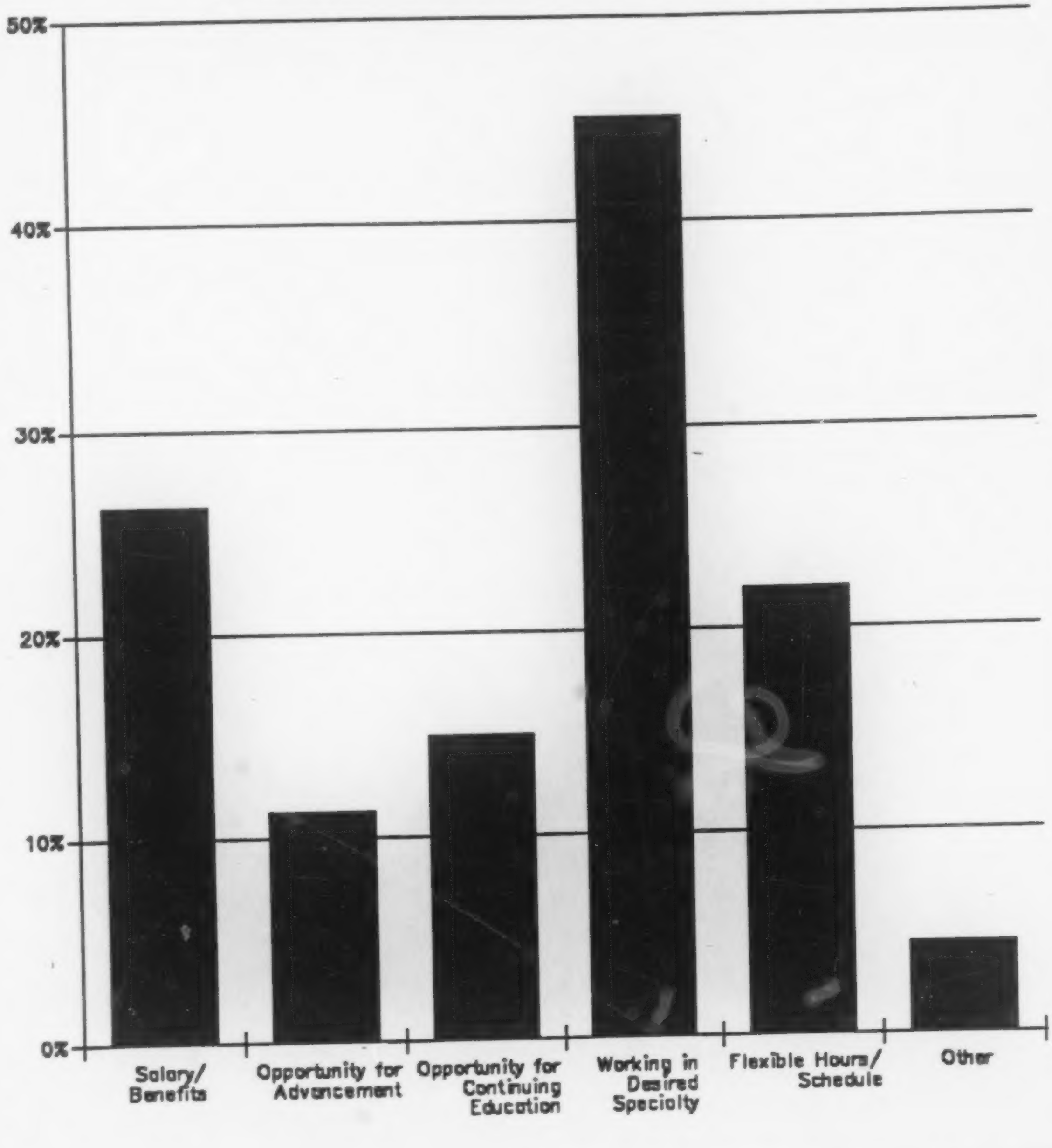
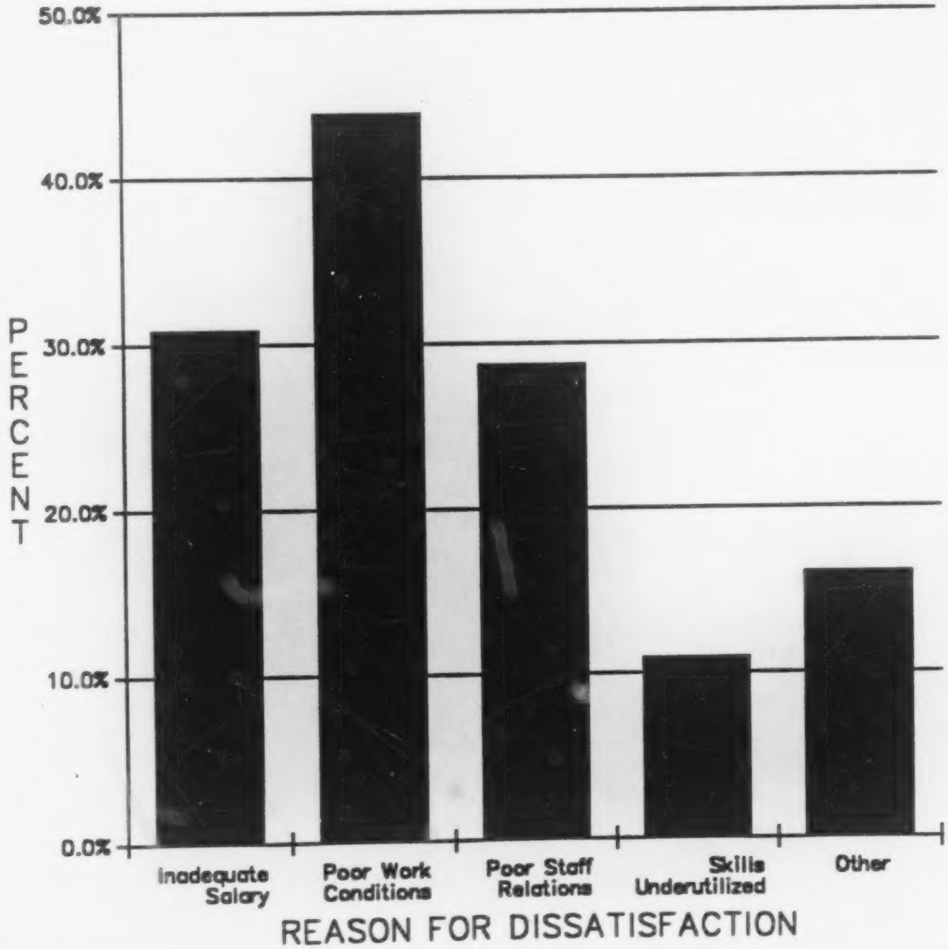


MAIN SOURCE OF JOB DISSATISFACTION BY NEWLY LICENSED NURSES

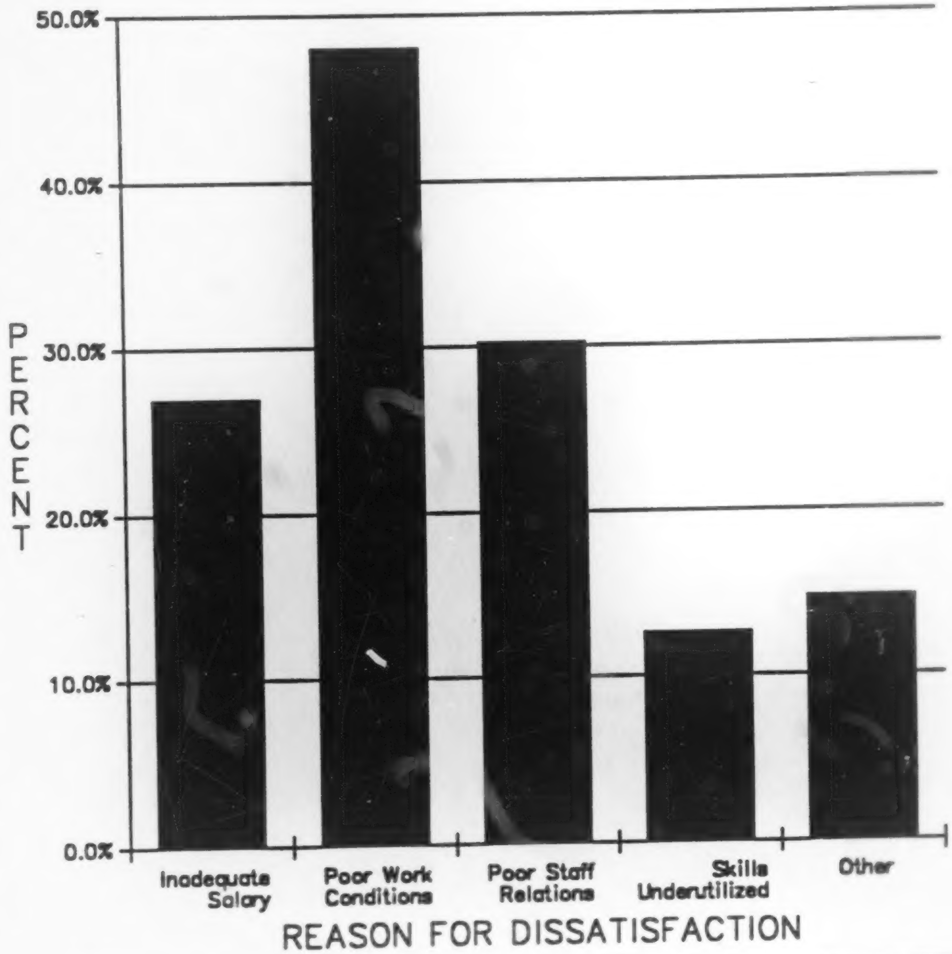
"Poor working conditions" was most often cited as a source of job dissatisfaction, followed by "inadequate salary" and "poor staff relations."



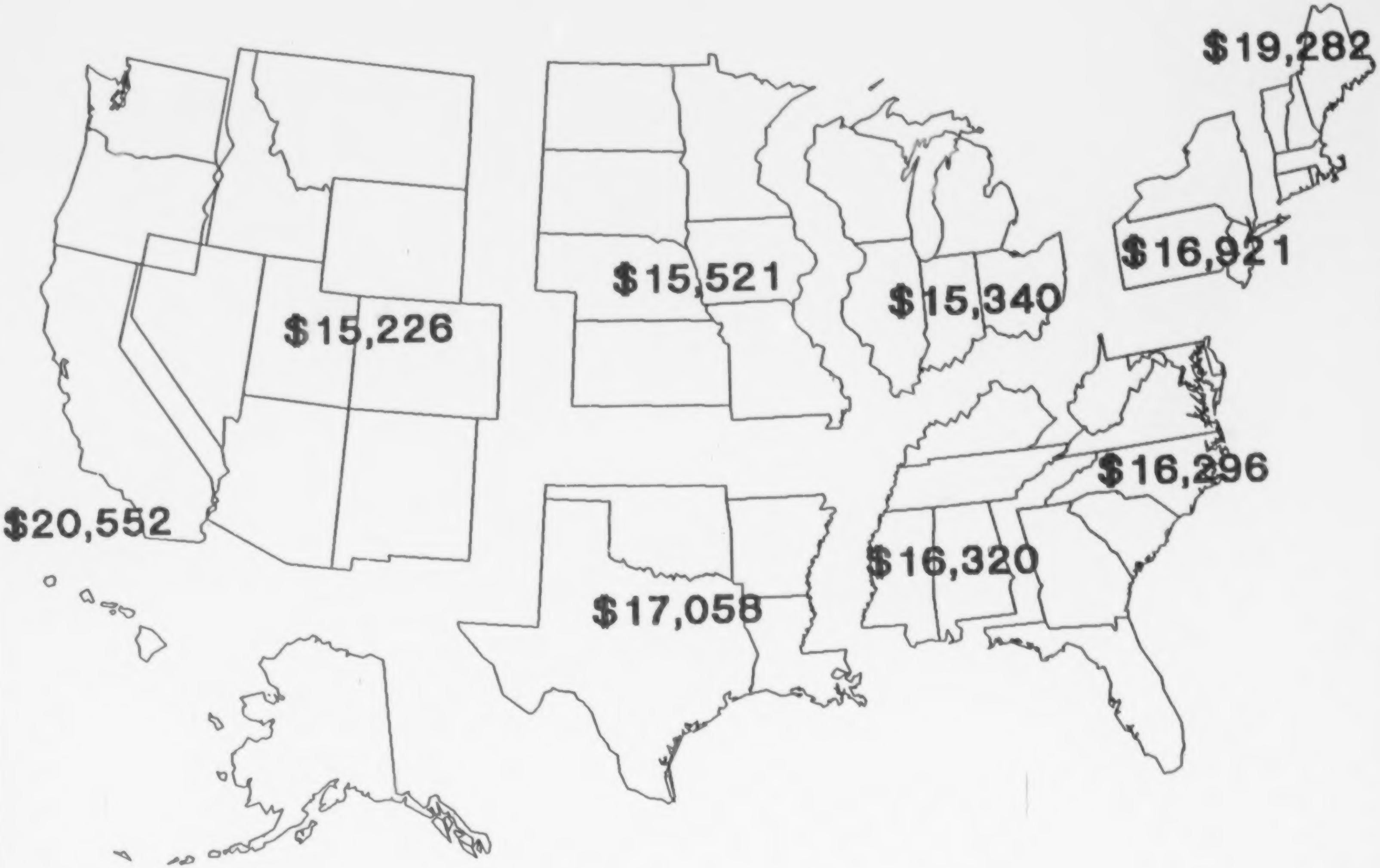
MAIN SOURCE OF JOB DISSATISFACTION AMONG NEWLY LICENSED NURSES, 1990

Middle Atlantic Region

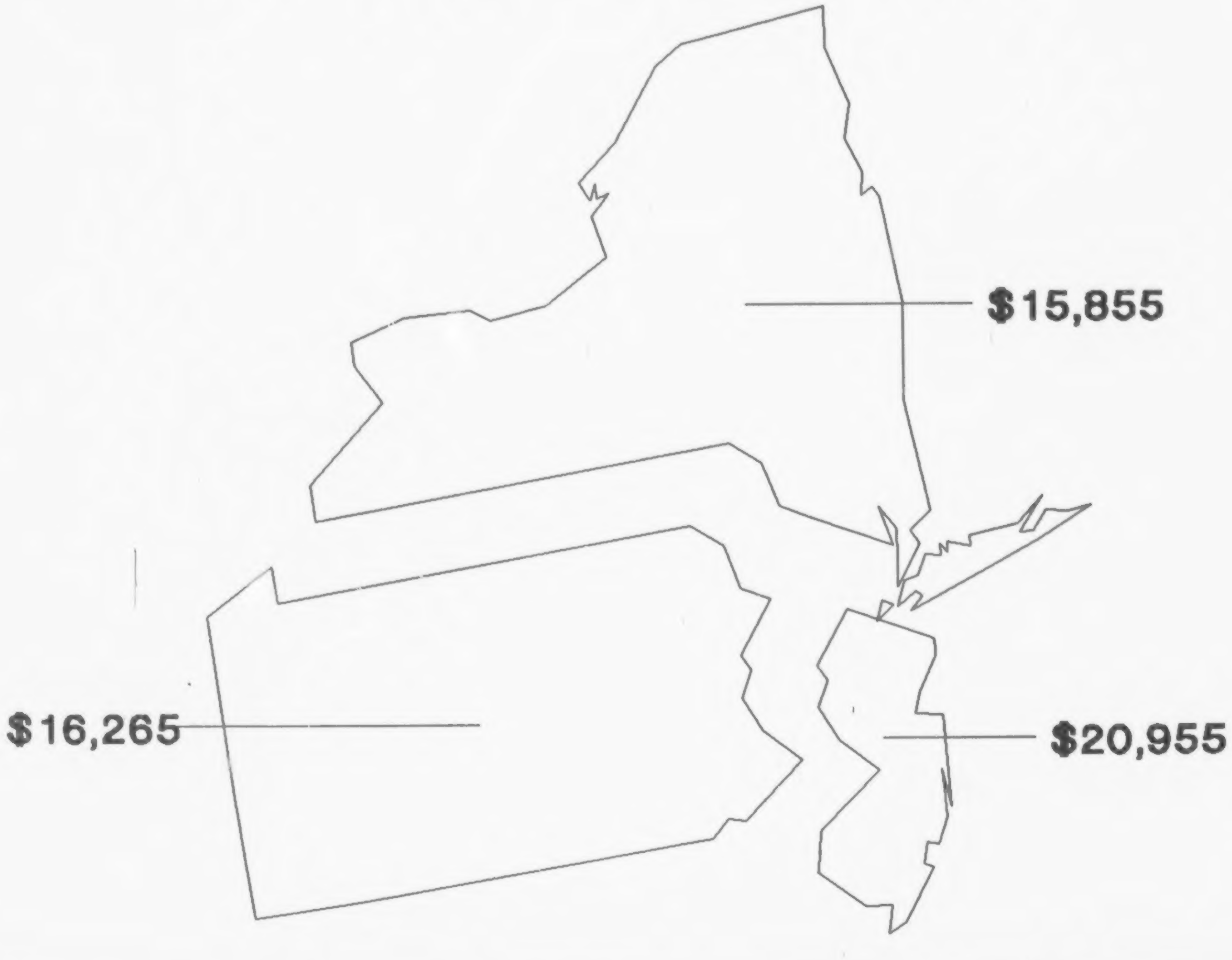
"Poor working conditions" was ranked highest as a source of job dissatisfaction. "Poor staff relations" ranked second and "inadequate salary" third.



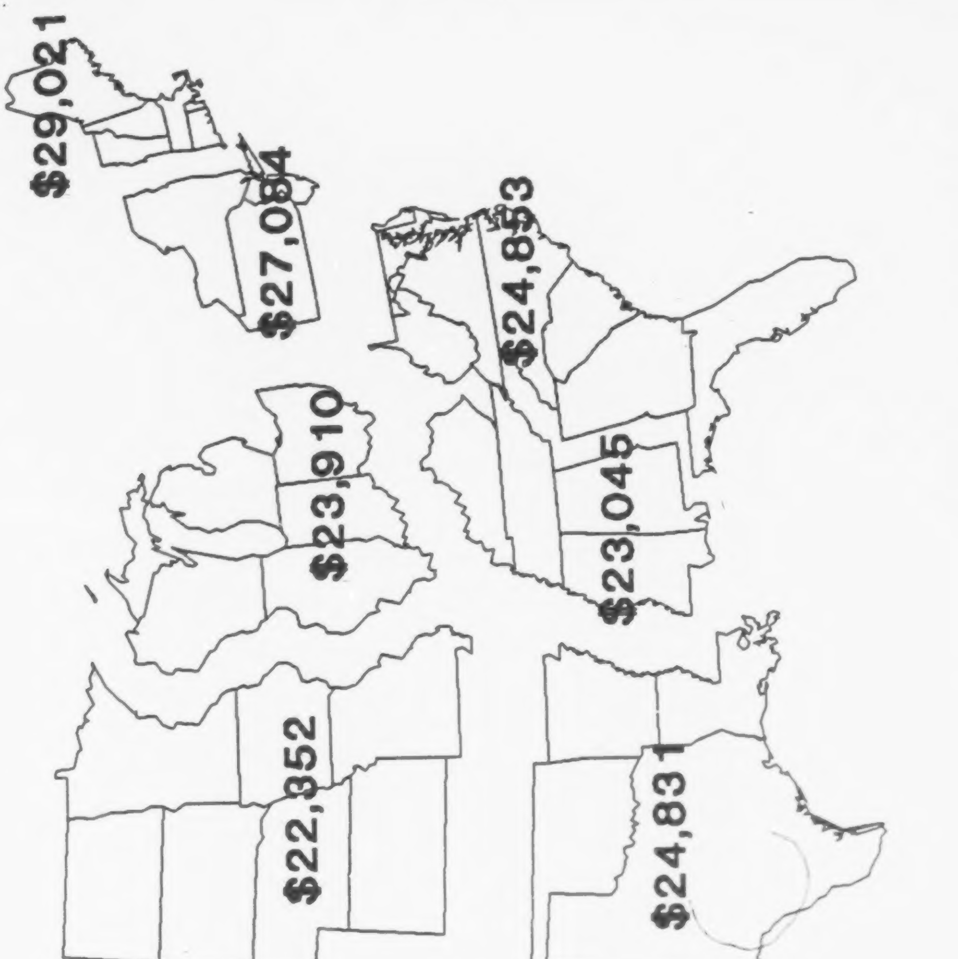
Mean Part-Time Salaries


$19,282
$16,921
$15,340
$15,521
$15,226
$16,296
$16,320
$17,058
$20,552

Mean Part-time Salaries
Middle Atlantic Region



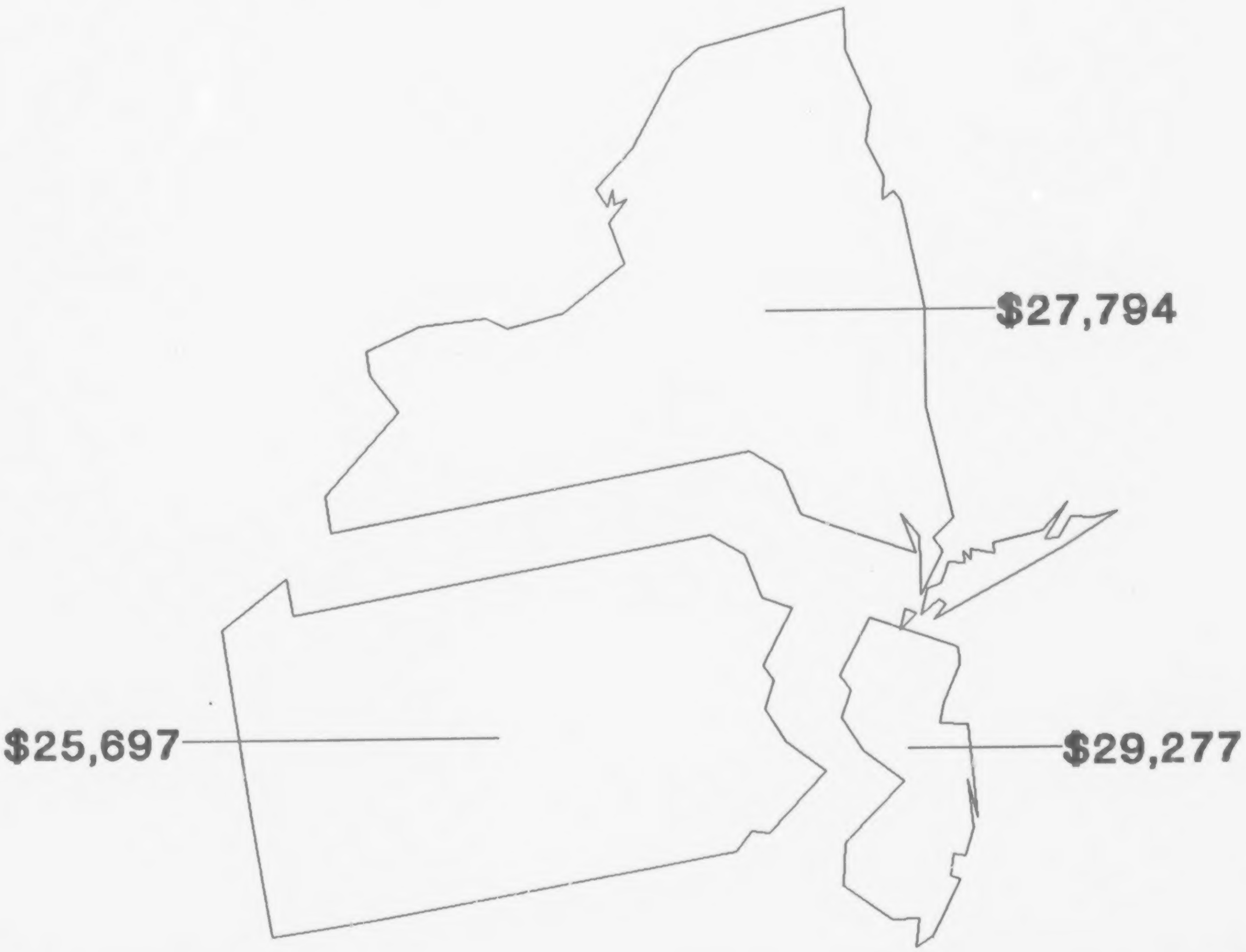
$15,855
$16,265
$20,955



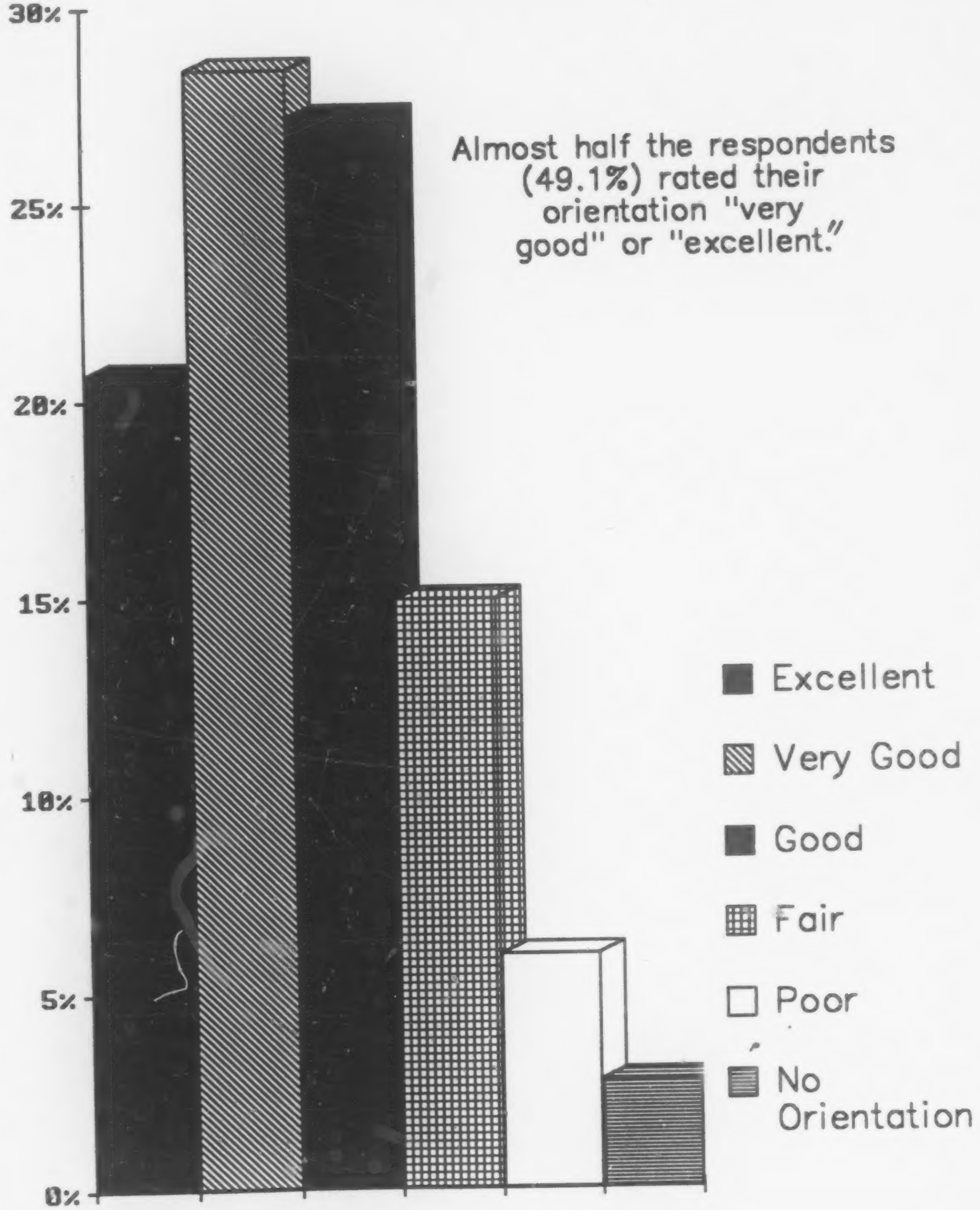
Mean Full-time Salaries

$29,021
$27,084
$24,853
$23,910
$23,045
$22,352
$24,831
$22,959
$27,532

Mean Full-time Salaries
Middle Atlantic Region

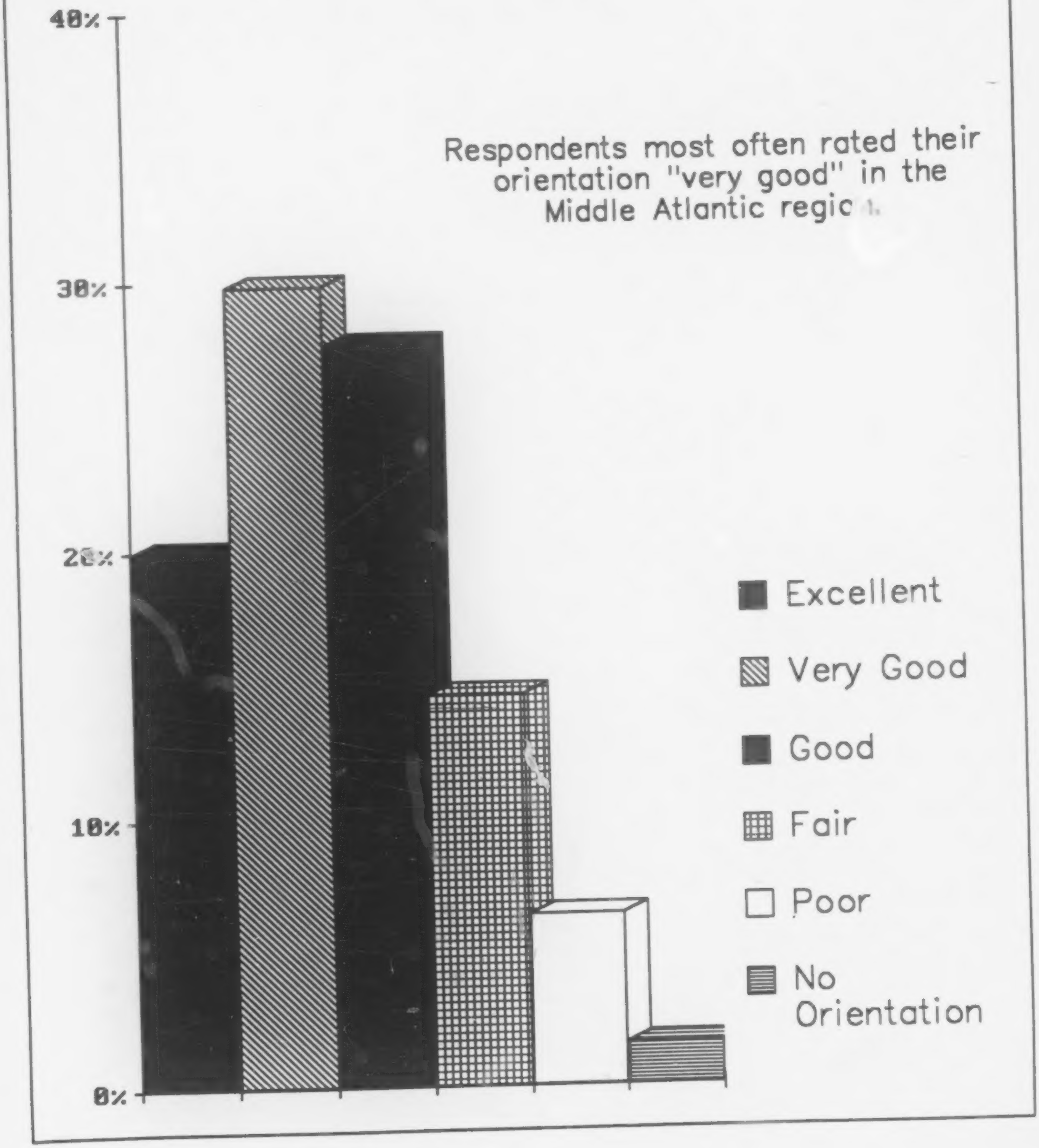

$27,794
$25,697
$29,277

PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES, 1990



Almost half the respondents (49.1%) rated their orientation "very good" or "excellent."

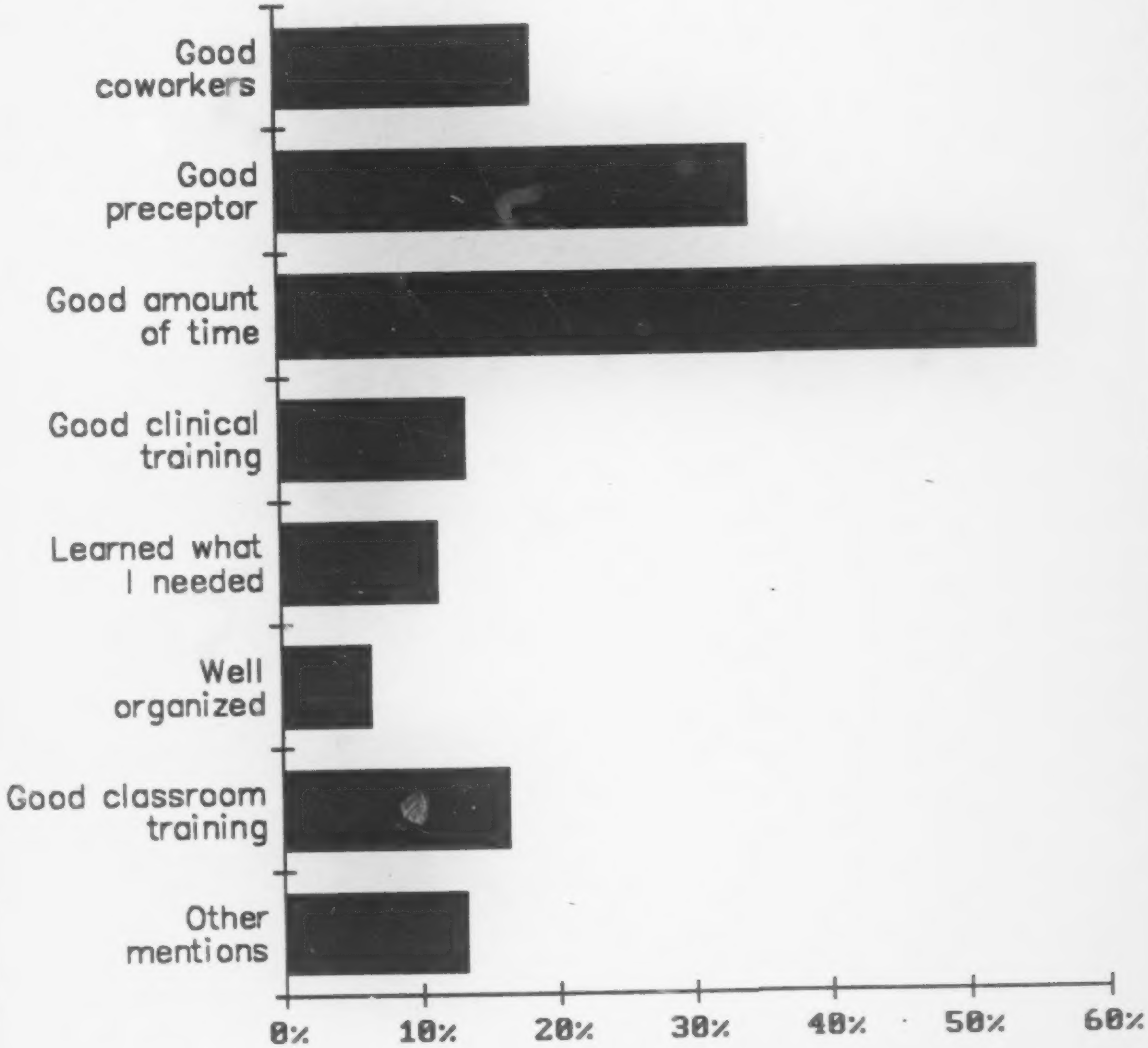
PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES, 1990
Middle Atlantic Region



Respondents most often rated their orientation "very good" in the Middle Atlantic region.

*Positive Evaluation of Orientations Among Newly Licensed Nurses

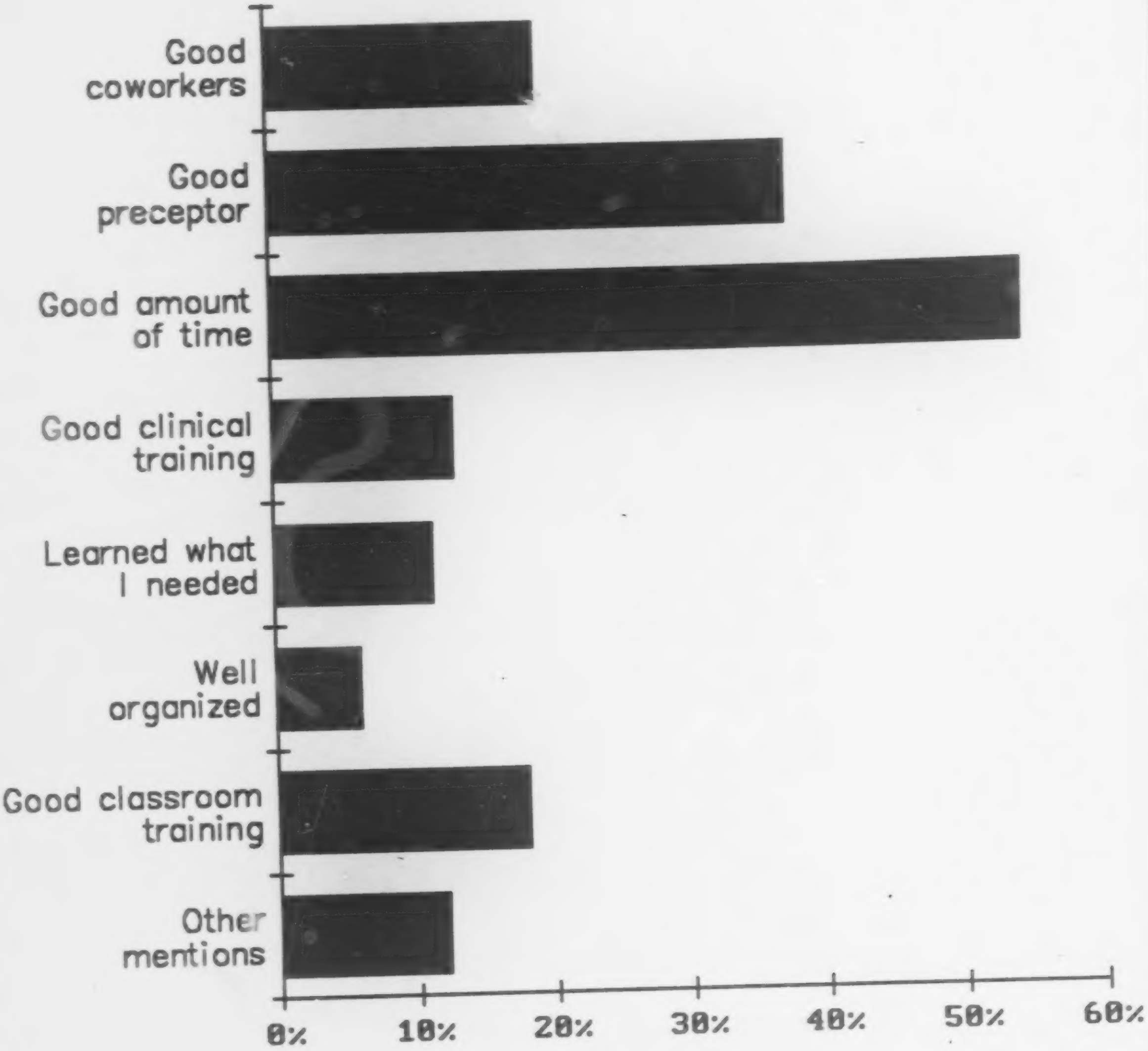
New nurses most often cited "good amount of time" as a reason for their positive evaluation.



*Multiple responses were allowed for this question. Therefore, the sum of all responses will be greater than 100 percent.
*Positive = excellent and very good.

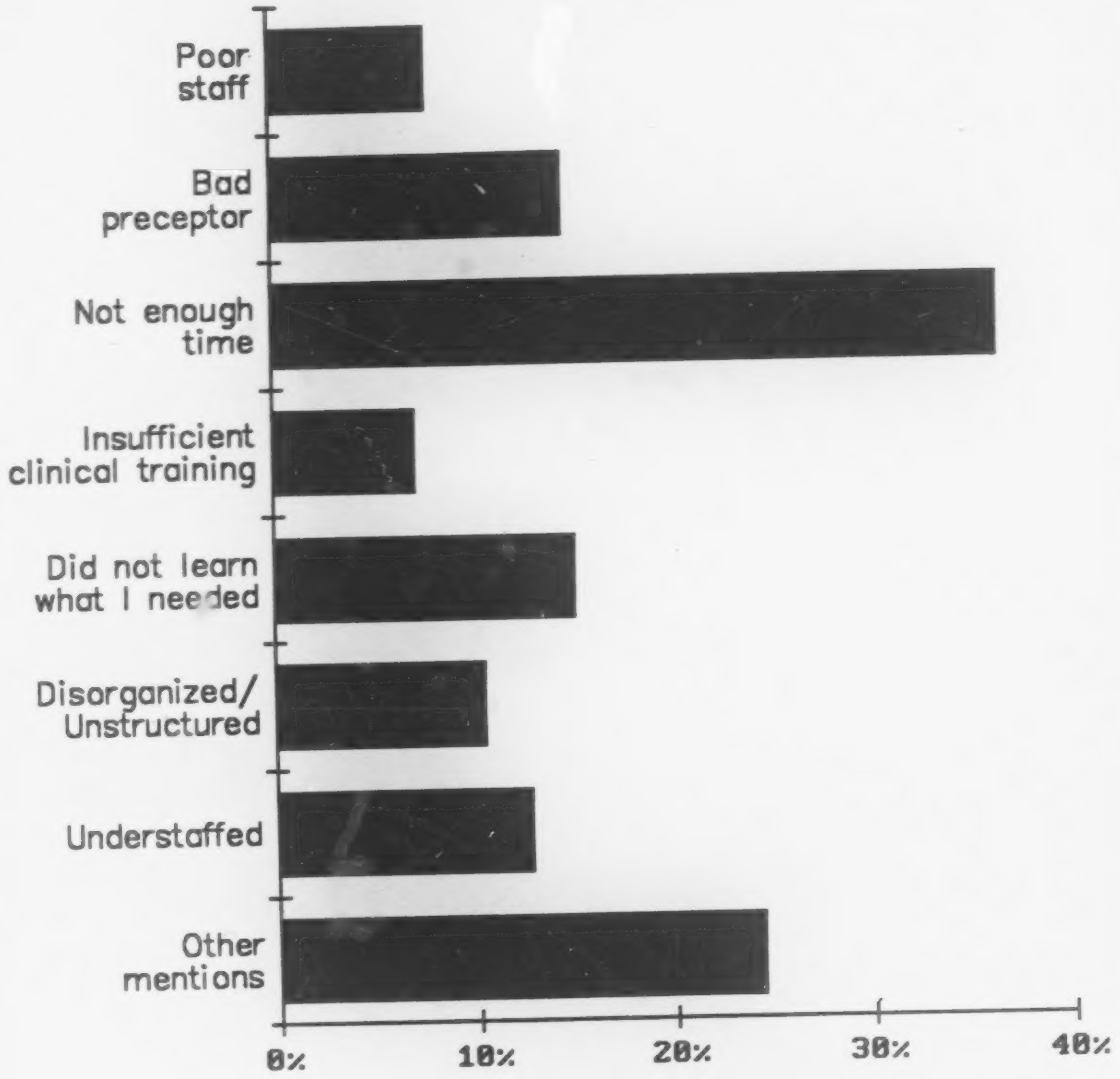
Positive Evaluation of Orientations Among Newly Licensed Nurses
Middle Atlantic Region

New nurses most often cited "good amount of time" as a reason for their positive evaluation.



*Neutral or Negative Evaluation of Orientations Among Newly Licensed Nurses

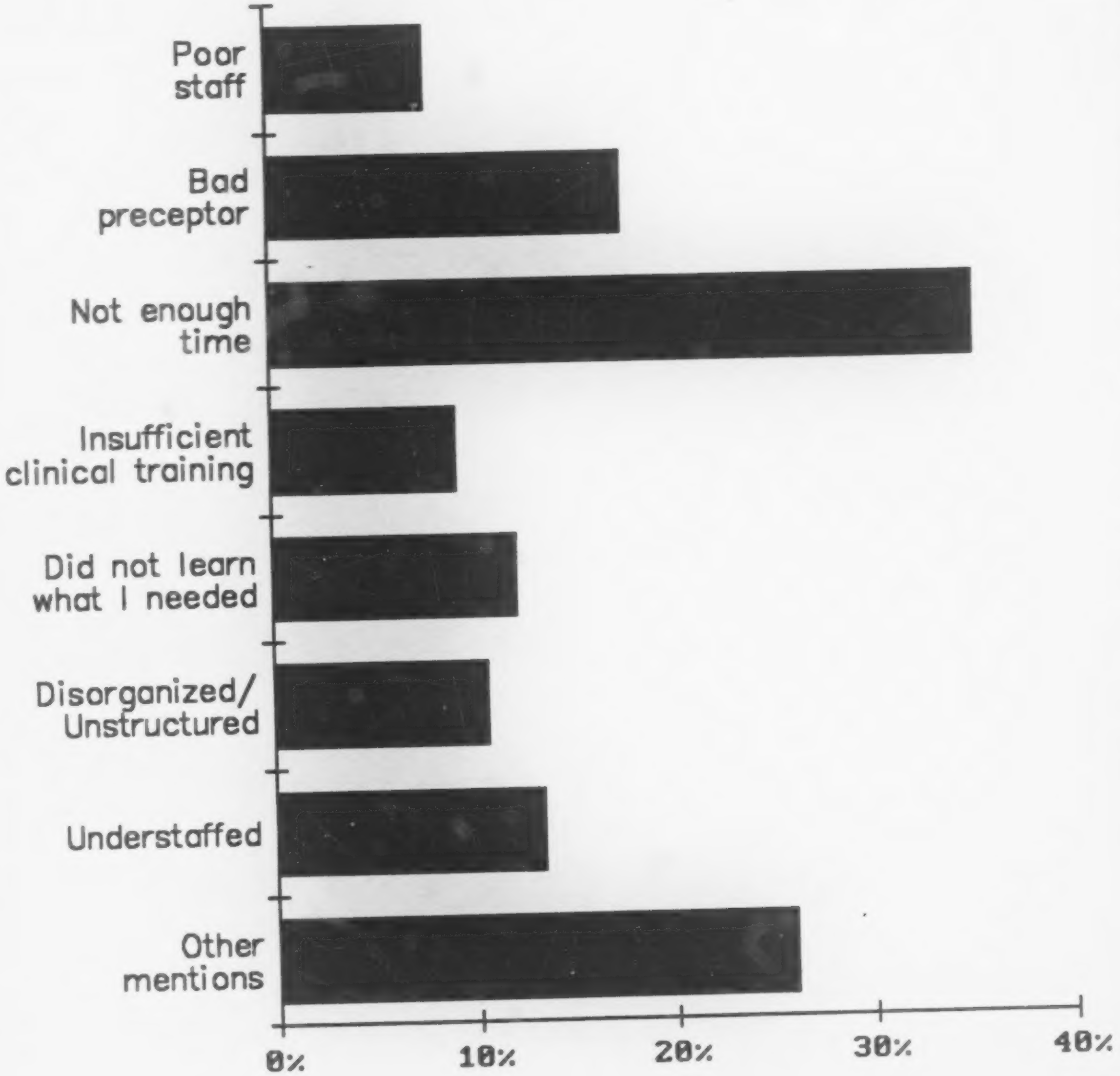
New nurses most often cited "not enough time" as a reason for their neutral or negative evaluation.



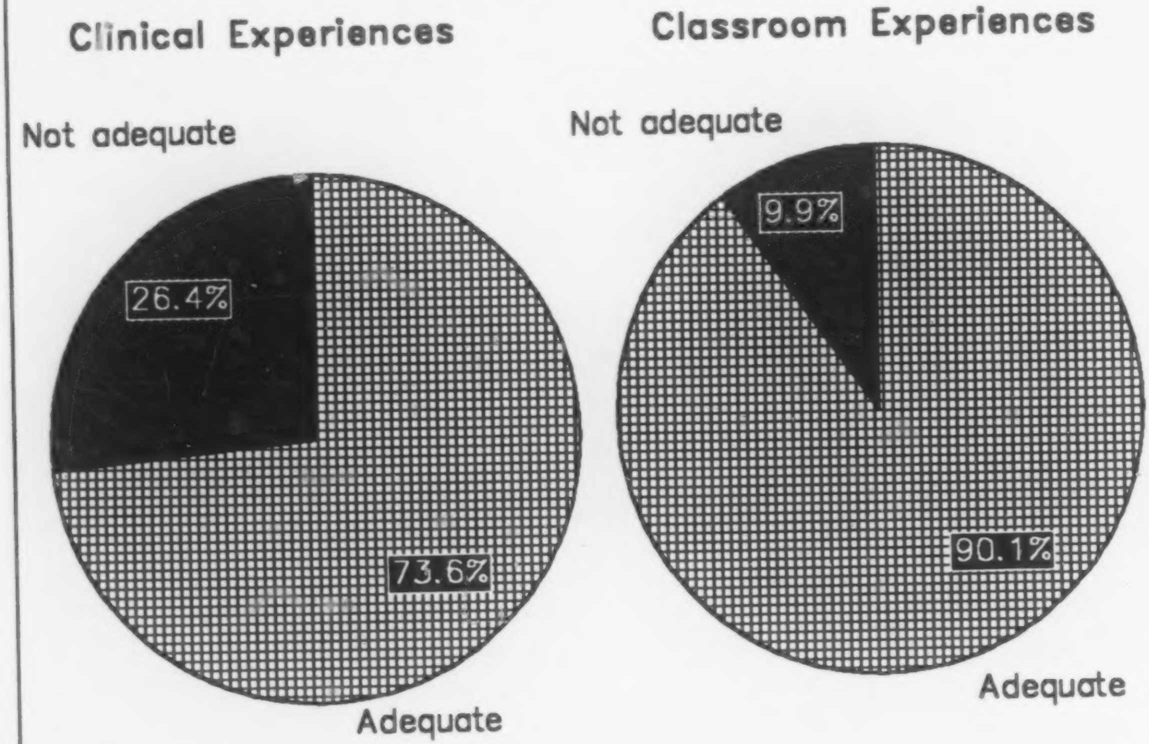
*Multiple responses were allowed for this question. Therefore, the sum of all responses will be greater than 100 percent.
*Neutral or negative = good, fair or poor.

Neutral or Negative Evaluation of Orientations Among Newly Licensed Nurses
Middle Atlantic Region

New nurses most often cited "not enough time" as a reason for their neutral or negative evaluation.

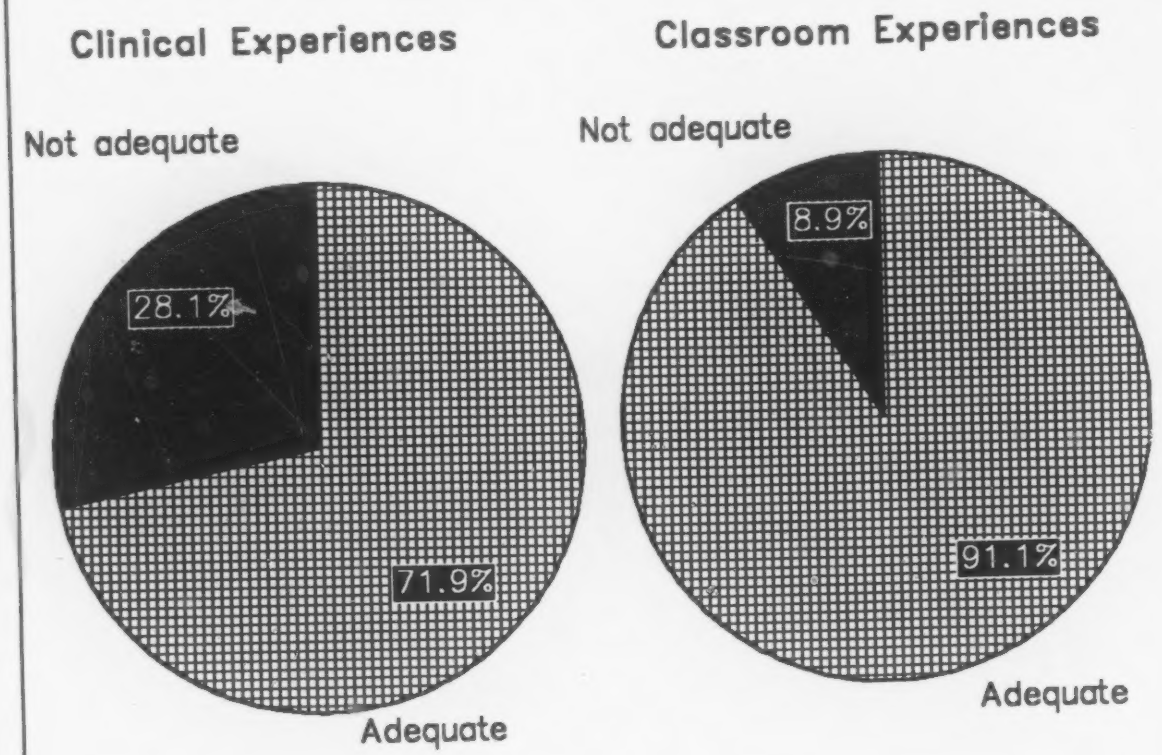


PERCEIVED ADEQUACY OF NURSING EDUCATION AMONG NEWLY LICENSED NURSES, 1990



Almost three-quarters of newly licensed nurses felt their clinical experiences were adequate for their current job. A larger 90% felt their classroom experiences were adequate.

PERCEIVED ADEQUACY OF NURSING EDUCATION AMONG NEWLY LICENSED NURSES, 1990
Middle Atlantic Region



Clinical experiences received a lower approval rating (72%) than classroom experiences (91%).

Section 3
CMSA Analysis: Numeric Tables

Analysis of Consolidated Metropolitan Statistical Areas

American society is increasingly centralized around the major urban cities—New York, Los Angeles, Chicago, and Houston. Health care services, particularly hospitals, are also concentrated within metropolitan areas. This special analysis of newly licensed nurses in what the Census Bureau terms Consolidated Metropolitan Statistical Areas (CMSAs), has been provided to assist health care executives in gaining a better understanding of the trends in America's largest cities. Great variation exists among the different regions of the country in relation to the demographic and employment characteristics of the nation's newly licensed nurses. Similarly, the unique financial and demographic circumstances within each metropolitan area result in vastly different local economies and labor forces.

A selected group of tables has been designed to highlight some of the differences among the various CMSAs. Keep in mind that the upcoming figures are based on the responses of those newly licensed nurses currently residing or working in a CMSA *only* and represent approximately one-quarter of the total cohort of new RNs. For a fuller and more meaningful understanding of the trends, these CMSA data may be compared with the national and regional figures presented in the earlier sections of this report.

Table CMSA-1
NUMBER OF NEWLY LICENSED NURSES BY CMSA AND TYPE OF NURSING EDUCATIONAL PROGRAM

	TOTAL		PROGRAM TYPE					
			DIPLOMA		ASSOCIATE DEGREE		BACCALAUREATE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,540	100.0	738	9.8	4,129	54.8	2,673	35.5
BOSTON-LAWRENCE-SALEM	385	100.0	53	13.8	186	48.3	146	37.9
BUFFALO-NIAGARA FALLS	192	100.0	13	6.8	105	54.7	74	38.5
CHICAGO-GARY-LAKE CO	663	100.0	30	4.5	351	52.9	282	42.5
CINCINNATI-HAMILTON	246	100.0	48	19.5	127	51.6	71	28.9
CLEVELAND-AKRON-LORAINE	401	100.0	72	18.0	168	41.9	161	40.1
DALLAS-FORT WORTH	218	100.0			126	57.8	92	42.2
DENVER-BOULDER	156	100.0	3	1.9	90	57.7	63	40.4
DETROIT-ANN ARBOR	583	100.0	23	3.9	344	59.0	216	37.0
HOUSTON-GALVESTON-BROZONA	244	100.0			172	70.5	72	29.5
LA-ANAHEIM-RIVERSIDE	718	100.0	39	5.4	574	79.9	105	14.6
MIAMI-FORT LAUDERDALE	109	100.0	10	9.2	57	52.3	42	38.5
MILWAUKEE-RACINE	167	100.0	13	7.8	66	39.5	88	52.7
NEW YORK-NEW JERSEY	1,275	100.0	147	11.5	658	51.6	470	36.9
PHILA-WILMINGTON-TRENTON	921	100.0	152	16.5	431	46.8	338	36.7
PITTSBURGH-BEAVER VALLEY	472	100.0	131	27.8	190	40.3	151	32.0
PORTLAND-VANCOUVER	158	100.0			80	50.6	78	49.4
SF-OAKLAND-SAN JOSE	424	100.0	3	7	282	66.5	139	32.8
SEATTLE-TACOMA	208	100.0	1	5	122	58.7	85	40.9

Table 1: Number of Newly Licensed Nurses by CMSA and Type of Nursing Education

A majority (54.8%) of new RNs residing in a CMSA graduated from an associate degree program. More than a third prepared at the baccalaureate level and about 10% received diplomas. As a group, new RNs living in cities are *less* likely to have studied at the ADN level when compared to the rest of the newly licensed nurse cohort.

The greatest proportion of diploma graduates are situated in the Pittsburgh area and the largest proportion of baccalaureate graduates are located in Milwaukee. Associate degree graduates are most prevalent in Los Angeles.

Table CMSA-2
NEWLY LICENSED NURSES BY CMSA AND JOB HUNTING EXPERIENCES

	TOTAL		JOB HUNTING EXPERIENCES									
			MANY JOBS		FAIR NUMBER		VERY FEW		CAN'T SAY-TOOK JOB AT CLINICAL SITE		CAN'T SAY-VOLUNTARILY UNEMPLOYED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,491	100.0	4,959	66.2	1,500	20.0	130	1.7	830	11.1	72	1.0
METROPOLITAN AREA												
BOSTON LAWRENCE SALEM	392	100.0	130	33.2	144	36.7	43	11.0	71	18.1	4	1.0
BUFFALO NIAGARA FALLS	192	100.0	126	65.6	37	19.3	3	1.6	24	12.5	2	1.0
CHICAGO GARY LAKE CO	659	100.0	482	73.1	109	16.5	7	1.1	56	8.5	5	.8
CINCINNATI HAMILTON	245	100.0	161	65.7	37	15.1	8	3.3	35	14.3	4	1.6
CLEVELAND AKRON LORAINE	408	100.0	254	62.3	90	22.1	2	.5	61	15.0	1	.2
DALLAS FORT WORTH	215	100.0	153	71.2	30	14.0	2	.9	27	12.6	3	1.4
DENVER BOULDER	155	100.0	104	67.1	31	20.0	3	1.9	17	11.0		
DETROIT ANN ARBOR	579	100.0	421	72.7	83	14.3	9	1.6	60	10.4	6	1.0
HOUSTON GALVESTON BROZONA	242	100.0	197	81.4	23	9.5	1	.4	19	7.9	2	.8
LA ANAHEIM RIVERSIDE	709	100.0	446	62.9	170	24.0	15	2.1	71	10.0	7	1.0
MIAMI FORT LAUDERDALE	108	100.0	73	67.6	26	24.1	1	.9	7	6.5	1	.9
MILWAUKEE RACINE	167	100.0	119	71.3	33	19.8	2	1.2	11	6.6	2	1.2
NEW YORK NEW JERSEY	1,256	100.0	853	67.9	250	19.9	10	.8	130	10.4	13	1.0
PHILA WILMINGTON TRENTON	913	100.0	605	66.3	163	17.9	8	.9	132	14.5	5	.5
PITTSBURGH BEAVER VALLEY	466	100.0	361	77.5	60	12.9	3	.6	40	8.6	2	.4
PORTLAND VANCOUVER	155	100.0	91	58.7	42	27.1	4	2.6	14	9.0	4	2.6
SF OAKLAND SAN JOSE	423	100.0	267	63.1	107	25.3	5	1.2	34	8.0	10	2.4
SEATTLE TACOMA	207	100.0	116	56.0	65	31.4	4	1.9	21	10.1	1	.5

Table 2: Newly Licensed Nurses by CMSA and Job Hunting Experiences

Demand for newly licensed nurses nationwide is great and two-thirds of new RNs residing in CMSAs claim that "many jobs" were available when the were job hunting. However, great diversity exists among the different CMSAs with over 80% of new RNs in Houston stating that "many jobs" were available and only 33% of Boston's new RNs stating the same.

Table CMSA-3
NEWLY LICENSED NURSES BY CMSA AND EMPLOYMENT SETTING

			EMPLOYMENT SETTING							
	TOTAL		HOSPITAL		NURSING HOME		COMMUNITY/HOME/ PUBLIC HEALTH AGENCY		SCHOOL NURSE/ PHYSICIAN'S OFFICE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,194	100.0	6,785	94.3	191	2.7	134	1.9	84	1.2
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	372	100.0	343	92.2	18	4.8	7	1.9	4	1.1
BUFFALO-NIAGARA FALLS	182	100.0	167	91.8	7	3.8	4	2.2	4	2.2
CHICAGO-GARY-LAKE CO	640	100.0	610	95.3	11	1.7	12	1.9	7	1.1
CINCINNATI-HAMILTON	231	100.0	213	92.2	11	4.8	4	1.7	3	1.3
CLEVELAND-AKRON-LORAINE	393	100.0	372	94.7	15	3.8	5	1.3	1	3
DALLAS-FORT WORTH	208	100.0	188	90.4	4	1.9	6	2.9	10	4.8
DENVER-BOULDER	151	100.0	142	94.0	4	2.6	4	2.6	1	7
DETROIT-ANN ARBOR	566	100.0	541	95.6	11	1.9	12	2.1	2	4
HOUSTON-GALVESTON-BROZONA	230	100.0	216	93.9			6	2.6	8	3.5
LA-ANAHEIM-RIVERSIDE	684	100.0	653	95.5	6	9	12	1.8	13	1.9
MIAMI-FORT LAUDERDALE	107	100.0	104	97.2	1	9	2	1.9		
MILWAUKEE-RACINE	162	100.0	147	90.7	13	8.0	1	6	1	6
NEW YORK-NEW JERSEY	1,211	100.0	1,139	94.1	35	2.9	30	2.5	7	6
PHILA-WILMINGTON-TRENTON	879	100.0	841	95.7	20	2.3	11	1.3	7	.8
PITTSBURGH-BEAVER VALLEY	449	100.0	428	95.3	10	2.2	6	1.3	5	1.1
PORTLAND-VANCOUVER	147	100.0	134	91.2	9	6.1	1	7	3	2.0
SF-OAKLAND-SAN JOSE	392	100.0	383	97.7	4	1.0	3	8	2	5
SEATTLE-TACOMA	190	100.0	164	86.3	12	6.3	8	4.2	6	3.2

Table 3: Newly Licensed Nurses by CMSA and Employment Setting

Over 94% of new RNs residing in cities work in hospitals. This figure is sightly larger than that of the national figure of 91% suggesting that, in metropolitan areas, more opportunities are available in acute care settings. Among the CMSAs, Seattle contains the greatest percentage of new RNs employed in nursing homes and community/public health and Dallas contains the largest percentage working in schools and/or physician's offices.

Table CMSA-4
NEWLY LICENSED NURSES BY CMSA AND SIZE OF HOSPITAL OF EMPLOYMENT*

	TOTAL		HOSPITAL SIZE							
			6 TO 99 BEDS		100 TO 299 BEDS		300 TO 499 BEDS		500 BEDS OR MORE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	5.136	100.0	195	3.8	1.419	27.6	1.666	32.4	1.856	36.1
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	255	100.0	13	5.1	97	38.0	89	34.9	56	22.0
BUFFALO-NIAGARA FALLS	124	100.0	5	4.0	28	22.6	39	31.5	52	41.9
CHICAGO-GARY-LAKE CO	442	100.0	22	5.0	114	25.8	146	33.0	160	36.2
CINCINNATI-HAMILTON	159	100.0	6	3.8	52	32.7	57	35.8	44	27.7
CLEVELAND-AKRON-LORAINE	281	100.0	11	3.9	69	24.6	76	27.0	125	44.5
DALLAS-FORT WORTH	142	100.0	11	7.7	39	27.5	35	24.6	57	40.1
DENVER-BOULDER	108	100.0	1	.9	42	38.9	44	40.7	21	19.4
DETROIT-ANN ARBOR	415	100.0	11	2.7	84	20.2	123	29.6	197	47.5
HOUSTON-GALVESTON-BROZONA	169	100.0	11	6.5	50	29.6	33	19.5	75	44.4
LA-ANAHEIM-RIVERSIDE	504	100.0	25	5.0	159	31.5	175	34.7	145	28.8
MIAMI-FORT LAUDERDALE	82	100.0	1	1.2	20	24.4	21	25.6	40	48.8
MILWAUKEE-RACINE	100	100.0	4	4.0	41	41.0	37	37.0	18	18.0
NEW YORK-NEW JERSEY	871	100.0	11	1.3	154	17.7	283	32.5	423	48.6
PHILA-WILMINGTON-TRENTON	640	100.0	24	3.7	216	33.7	200	31.3	200	31.3
PITTSBURGH-BEAVER VALLEY	348	100.0	7	2.0	85	24.4	117	33.6	139	39.9
PORTLAND-VANCOUVER	92	100.0	8	8.7	20	21.7	47	51.1	17	18.5
SF-OAKLAND-SAN JOSE	283	100.0	13	4.6	112	39.6	97	34.3	61	21.6
SEATTLE-TACOMA	121	100.0	11	9.1	37	30.6	47	38.8	26	21.5

*ASKED [illegible] EMPLOYED IN HOSPITALS

Table 4: Newly Licensed Nurses by CMSA and Size of Hospital

There is little variation in the size of the hospitals in which newly licensed nurses are employed. Less than 10% separates the newly licensed nurses employed in hospitals containing 100 to 299 beds and those working in institutions with 500 or more beds. A very small group of newly licensed nurses are employed in hospitals with less than 100 beds.

Table CMSA-5
NEWLY LICENSED NURSES BY CMSA AND LENGTH OF JOB HUNT

			LENGTH OF JOB HUNT—EMPLOYED IN NURSING							
	TOTAL		FOUND BEFORE GRADUATION		ONE MONTH OR LESS		2 TO 3 MONTHS		4 TO 6 MONTHS	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,334	100.0	5,654	77.1	1,123	15.3	393	5.4	164	2.2
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	378	100.0	287	75.9	48	12.7	31	8.2	12	3.2
BUFFALO-NIAGARA FALLS	186	100.0	146	78.5	29	15.6	9	4.8	2	1.1
CHICAGO-GARY-LAKE CO	647	100.0	489	75.6	113	17.5	35	5.4	10	1.5
CINCINNATI-HAMILTON	238	100.0	202	84.9	25	10.5	7	2.9	4	1.7
CLEVELAND-AKRON-LORAINE	399	100.0	336	84.2	47	11.8	15	3.8	1	.3
DALLAS-FORT WORTH	211	100.0	169	80.1	31	14.7	8	3.8	3	1.4
DENVER-BOULDER	154	100.0	124	80.5	23	14.9	7	4.5		
DETROIT-ANN ARBOR	570	100.0	462	81.1	71	12.5	25	4.4	12	2.1
HOUSTON-GALVESTON-BROZONA	236	100.0	180	76.3	47	19.9	4	1.7	5	2.1
LA-ANAHEIM-RIVERSIDE	695	100.0	461	66.3	162	23.3	47	6.8	25	3.6
MIAMI-FORT LAUDERDALE	107	100.0	70	65.4	27	25.2	7	6.5	3	2.8
MILWAUKEE-RACINE	164	100.0	130	79.3	25	15.2	7	4.3	2	1.2
NEW YORK-NEW JERSEY	1,234	100.0	882	71.5	203	16.5	103	8.3	46	3.7
PHILA-WILMINGTON-TRENTON	900	100.0	796	88.4	73	8.1	25	2.8	6	.7
PITTSBURGH-BEAVER VALLEY	461	100.0	403	87.4	42	9.1	12	2.6	4	.9
PORTLAND-VANCOUVER	151	100.0	115	76.2	22	14.6	8	5.3	6	4.0
SF-OAKLAND-SAN JOSE	400	100.0	259	64.7	101	25.2	23	5.7	17	4.2
SEATTLE-TACOMA	203	100.0	143	70.4	34	16.7	20	9.9	6	3.0

Table 5: Newly Licensed Nurses by CMSA and Length of Job Hunt

The length of time necessary to find a job is a good measure of demand and, generally speaking, over 90% of newly licensed nurses in CMSAs found jobs before or within one month of graduation indicating that demand for new RNs is very strong. The degree of demand, however, varies among the nation's cities. New RNs in the New York/New Jersey CMSA and the Seattle-Tacoma area state that it took slightly longer to find a job than their counterparts in the rest of the c[illegible]try. Nurses in the two CMSAs in Pennsylvania reported greater ease in locating their first job.

Table CMSA-6
NEWLY LICENSED NURSES BY CMSA AND ACTIVITY STATUS

	TOTAL		ACTIVITY STATUS					
			FULL-TIME		PART-TIME <20 HOURS		PART TIME 20+	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,332	100.0	6,181	84.3	202	2.8	949	12.9
METROPOLITAN AREA								
BOSTON-LAWRENCE-SALEM	379	100.0	306	80.7	14	3.7	59	15.6
BUFFALO-NIAGARA FALLS	184	100.0	157	85.3	5	2.7	22	12.0
CHICAGO-GARY-LAKE CO	647	100.0	541	83.6	14	2.2	92	14.2
CINCINNATI-HAMILTON	238	100.0	189	79.4	8	3.4	41	17.2
CLEVELAND-AKRON-LORAINE	400	100.0	358	89.5	8	2.0	34	8.5
DALLAS-FORT WORTH	211	100.0	197	93.4	1	.5	13	6.2
DENVER-BOULDER	153	100.0	134	87.6	3	2.0	16	10.5
DETROIT-ANN ARBOR	572	100.0	455	79.5	28	4.9	89	15.6
HOUSTON-GALVESTON-BROZONA	237	100.0	222	93.7	5	2.1	10	4.2
LA-ANAHEIM-RIVERSIDE	694	100.0	564	81.3	32	4.6	98	14.1
MIAMI-FORT LAUDERDALE	109	100.0	94	86.2	3	2.8	12	11.0
MILWAUKEE-RACINE	164	100.0	140	85.4	3	1.8	21	12.8
NEW YORK-NEW JERSEY	1,232	100.0	1,101	89.4	31	2.5	100	8.1
PHILA-WILMINGTON-TRENTON	898	100.0	760	84.6	19	2.1	119	13.3
PITTSBURGH-BEAVER VALLEY	462	100.0	441	95.5	7	1.5	14	3.0
PORTLAND-VANCOUVER	151	100.0	125	82.8	1	.7	25	16.6
SF-OAKLAND-SAN JOSE	399	100.0	239	59.9	12	3.0	148	37.1
SEATTLE-TACOMA	202	100.0	158	78.2	8	4.0	36	17.8

Table 6: Newly Licensed Nurses by CMSA and Activity Status

A large majority (84.3%) of new RNs in CMSAs are employed full-time and an additional 13% are working part-time, 20 hours or more a week. Newly licensed nurses in San Francisco are *least* likely to work full-time and new RNs in Pittsburgh are *most* likely to work full-time.

Table CMSA-7
REASON FOR CHOOSING CURRENT POSITION AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		PRIOR EXPERIENCE		SALARY BENEFITS		REPUTATION OF INSTITUTION		LOCATION		CHOSEN SPECIALTY		SHIFT/HOURS		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	7,846	28.0	2,195	11.9	934	15.9	1,250	12.6	991	32.2	2,527	2.5	198	5.6	443
BOSTON-LAWRENCE-SALEM	100.0	403	30.5	123	13.4	54	19.6	79	11.7	47	26.8	107	1.7	7	5.2	21
BUFFALO-NIAGARA FALLS	100.0	199	34.2	68	11.6	23	13.1	26	16.1	32	28.1	56	2.5	5	4.0	8
CHICAGO-GARY-LAKE CO	100.0	708	28.7	203	12.4	88	16.5	117	14.3	101	26.6	188	2.4	17	5.8	41
CINCINNATI-HAMILTON	100.0	247	34.4	85	10.1	25	10.5	26	10.5	26	35.6	88	2.0	5	5.7	14
CLEVELAND-AKRON-LORAINE	100.0	431	31.1	134	11.1	48	14.6	63	10.7	46	33.9	146	3.2	14	8.1	35
DALLAS-FORT WORTH	100.0	232	19.8	46	9.1	21	13.4	31	9.9	23	46.6	108	3.0	7	4.3	10
DENVER-BOULDER	100.0	180	20.0	32	12.5	20	18.8	30	6.9	11	38.1	61	3.1	5	8.7	15
DETROIT-ANN ARBOR	100.0	603	34.5	208	10.3	62	11.6	70	11.4	69	32.3	195	3.2	19	4.0	24
HOUSTON-GALVESTON BROZONA	130.0	248	21.4	53	11.3	28	12.1	30	14.5	36	37.1	92	2.4	6	5.2	13
LA-ANAHEIM-RIVERSIDE	100.0	748	24.5	183	13.0	97	16.4	123	12.4	93	36.5	273	2.4	18	6.1	46
MIAMI-FORT LAUDERDALE	100.0	119	30.3	36	12.6	15	11.8	14	12.6	15	31.9	38	5.0	6	7.6	9
MILWAUKEE-RACINE	100.0	172	24.4	42	13.4	23	12.2	21	7.0	12	37.8	65	4.7	8	5.2	9
NEW YORK-NEW JERSEY	100.0	1,324	28.5	378	11.2	148	18.1	239	14.7	194	28.9	382	2.6	34	5.4	72
PHILA-WILMINGTON-TRENTON	100.0	967	27.9	270	11.0	106	16.4	159	12.6	122	32.1	310	2.5	24	5.9	57
PITTSBURGH-BEAVER VALLEY	100.0	484	28.1	136	15.1	73	11.6	56	15.5	75	29.5	143	1.0	5	4.5	22
PORTLAND-VANCOUVER	100.0	162	21.6	35	17.9	29	19.1	31	11.1	18	33.3	54	3.1	5	9.3	15
SF-OAKLAND-SAN JOSE	100.0	428	22.9	98	12.1	52	25.0	107	12.4	53	34.3	147	1.4	6	4.9	21
SEATTLE-TACOMA	100.0	211	30.8	65	10.4	22	13.3	28	8.5	18	35.1	74	3.3	7	5.7	12

Table 7: Reason for Choosing Current Position among Newly Licensed Nurses by CMSA

The primary factor influencing newly licensed nurses in choosing their current position is "opportunity to work in chosen specialty." "Prior experience in the institution" ranked second among the considerations for choosing their current job and "reputation of the institution" ranked third. These three factors head the list in all CMSAs except Buffalo, Cincinnati, Detroit, and Houston where "location" ranked among the top three. In Miami "salary/benefits" outranked "opportunity to work in chosen specialty."

Table CMSA-8
PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES BY CMSA

			EVALUATION OF EMPLOYMENT ORIENTATION									
	TOTAL		EXCELLENT		VERY GOOD		GOOD		FAIR		POOR	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,276	100.0	1,608	22.1	2,179	29.9	1937	26.6	1,008	13.9	399	5.5
BOSTON LAWRENCE SALEM	375	100.0	93	24.8	103	27.5	100	26.7	56	14.9	15	4.0
BUFFALO NIAGARA FALLS	185	100.0	27	14.6	64	34.6	54	29.2	25	13.5	13	7.0
CHICAGO GARY LAKE CO	639	100.0	139	21.8	182	28.5	181	28.3	91	14.2	42	6.6
CINCINNATI HAMILTON	237	100.0	48	20.3	80	33.8	62	26.2	28	11.8	9	3.8
CLEVELAND AKRON LORAINE	396	100.0	76	19.2	106	26.8	117	29.5	69	17.4	26	6.6
DALLAS FORT WORTH	208	100.0	53	25.5	51	24.5	48	23.1	24	11.5	19	9.1
DENVER BOULDER	153	100.0	51	33.3	43	28.1	36	23.5	13	8.5	8	5.2
DETROIT ANN ARBOR	568	100.0	125	22.0	167	29.4	158	27.8	89	15.7	18	3.2
HOUSTON GALVESTON BROZONA	235	100.0	42	17.9	68	28.9	59	25.1	39	16.6	14	6.0
LA ANAHEIM RIVERSIDE	687	100.0	143	20.8	196	28.5	180	26.2	109	15.9	41	6.0
MIAMI FORT LAUDERDALE	109	100.0	25	22.9	29	26.6	33	30.3	17	15.6	3	2.8
MILWAUKEE RACINE	164	100.0	39	23.8	63	38.4	34	20.7	22	13.4	3	1.8
NEW YORK NEW JERSEY	1,228	100.0	239	19.5	349	28.4	377	30.7	174	14.2	61	5.0
PHILA WILMINGTON TRENTON	891	100.0	191	21.4	298	33.4	224	25.1	107	12.0	63	7.1
PITTSBURGH BEAVER VALLEY	461	100.0	112	24.3	131	28.4	120	26.0	65	14.1	30	6.5
PORTLAND VANCOUVER	148	100.0	42	28.4	48	32.4	42	28.4	13	8.8	2	1.4
SF OAKLAND SAN JOSE	392	100.0	113	28.8	130	33.2	79	20.2	39	9.9	18	4.6
SEATTLE TACOMA	200	100.0	50	25.0	71	35.5	33	16.5	28	14.0	14	7.0

Table Perceived Quality of Orientation among Newly Licensed Nurses by CMSA

Over ha of the new RNs in CMSAs stated that their orientation was very good or excellent. An additional 26.6% felt their orientation was good. Two percent state they had no orientation at all. Newly licensed nurses in San Francisco and Milwaukee were *more* likely to state that their orientation was very good/excellent whereas those in New York and Cleveland were *less* likely to respond so.

Table CMSA-9
NUMBER OF NURSING JOBS SINCE GRADUATION BY CMSA

	TOTAL		NUMBER OF JOBS SINCE RN LICENSURE							
			FIRST		SECOND		THIRD		FOURTH OR MORE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,342	100.0	5.981	81.5	1.158	15.8	148	2.0	55	7
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	380	100.0	319	83.9	53	13.9	7	1.8	1	.3
BUFFALO-NIAGARA FALLS	185	100.0	157	84.9	22	11.9	4	2.2	2	1.1
CHICAGO-GARY-LAKE CO	646	100.0	522	80.8	105	16.3	15	2.3	4	.6
CINCINNATI-HAMILTON	238	100.0	188	79.0	42	17.6	8	3.4		
CLEVELAND-AKRON-LORAINE	400	100.0	323	80.7	67	16.7	5	1.2	5	1.2
DALLAS-FORT WORTH	210	100.0	160	76.2	42	20.0	5	2.4	3	1.4
DENVER-BOULDER	154	100.0	120	77.9	28	18.2	5	3.2	1	6
DETROIT-ANN ARBOR	571	100.0	456	79.9	91	15.9	17	3.0	7	1.2
HOUSTON-GALVESTON-BROZONA	236	100.0	172	72.9	53	22.5	7	3.0	4	1.7
LA-ANAHEIM-RIVERSIDE	695	100.0	556	80.0	115	16.5	17	2.4	7	1.0
MIAMI-FORT LAUDERDALE	108	100.0	91	84.3	15	13.9	2	1.9		
MILWAUKEE-RACINE	164	100.0	129	78.7	29	17.7	4	2.4	2	1.2
NEW YORK-NEW JERSEY	1.236	100.0	1.038	84.0	176	14.2	17	1.4	5	4
PHILA-WILMINGTON-TRENTON	900	100.0	750	83.3	140	15.6	8	9	2	2
PITTSBURGH-BEAVER VALLEY	463	100.0	382	82.5	64	13.8	14	3.0	3	6
PORTLAND-VANCOUVER	151	100.0	126	83.4	17	11.3	5	3.3	3	2.0
SF-OAKLAND-SAN JOSE	402	100.0	330	82.1	66	16.4	3	7	3	7
SEATTLE TACOMA	203	100.0	162	79.8	33	16.3	5	2.5	3	1.5

Table 9: Number of Nursing Jobs Since Graduation by CMSA

After almost one year in the work force, over 80% of newly licensed nurses were still working at their first nursing job. This suggests satisfaction with current employment conditions. Newly licensed nurses in Buffalo and New York City appear to be most stable in their first positions and new RNs in Houston are more likely to be working in their second job since graduation.

Table CMSA-10
EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		SATISFIED		UNSATISFIED	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	6,938	78.0	5,409	22.0	1,529
BOSTON-LAWRENCE-SALEM	100.0	358	81.3	291	18.7	67
BUFFALO-NIAGARA FALLS	100.0	174	70.7	123	29.3	51
CHICAGO-GARY-LAKE CO	100.0	621	74.7	464	25.3	157
CINCINNATI-HAMILTON	100.0	227	77.5	176	22.5	51
CLEVELAND-AKRON-LORAINE	100.0	384	80.2	308	19.8	76
DALLAS-FORT WORTH	100.0	197	85.3	168	14.7	29
DENVER-BOULDER	100.0	142	84.5	120	15.5	22
DETROIT-ANN ARBOR	100.0	550	76.2	419	23.8	131
HOUSTON-GALVESTON-BROZONA	100.0	227	77.5	176	22.5	51
LA-ANAHEIM-RIVERSIDE	100.0	649	74.6	484	25.4	165
MIAMI-FORT LAUDERDALE	100.0	98	75.5	74	24.5	24
MILWAUKEE-RACINE	100.0	152	82.2	125	17.8	27
NEW YORK-NEW JERSEY	100.0	1,164	76.5	891	23.5	273
PHILA-WILMINGTON-TRENTON	100.0	839	78.9	662	21.1	177
PITTSBURGH-BEAVER VALLEY	100.0	439	72.2	317	27.8	122
PORTLAND-VANCOUVER	100.0	146	89.0	130	11.0	16
SF-OAKLAND-SAN JOSE	100.0	381	84.3	321	15.7	60
SEATTLE-TACOMA	100.0	190	84.2	160	15.8	30

Table 10: Employment Satisfaction among Newly Licensed Nurses by CMSA

Of all new RNs working in CMSAs, 78% are satisfied in their current position. RNs are most satisfied in Portland and least satisfied in Buffalo.

Table CMSA-11

MAIN REASON FOR EMPLOYMENT SATISFACTION OF NEWLY LICENSED NURSES BY CMSA

			REASONS FOR SATISFACTION											
	TOTAL		SALARY/BENEFITS		OPPORTUNITY FOR ADVANCEMENT		OPPORTUNITY FOR CONTINUING EDUCATION		WORKING IN DESIRED SPECIALTY		HOURS/SCHEDULE		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	5,409	24.6	1,328	11.4	617	13.8	749	48.0	2,595	22.1	1,194	5.7	310
BOSTON-LAWRENCE-SALEM	100.0	291	29.6	86	15.8	46	12.7	37	38.8	113	17.2	50	7.9	23
BUFFALO-NIAGARA FALLS	100.0	123	22.8	28	10.6	13	12.2	15	49.6	61	19.5	24	4.1	5
CHICAGO-GARY-LAKE CO	100.0	464	20.0	93	10.6	49	13.1	61	43.5	202	23.5	109	7.1	33
CINCINNATI-HAMILTON	100.0	176	15.3	27	8.5	15	11.4	20	63.6	112	21.6	38	4.0	7
CLEVELAND-AKRON-LORAINE	100.0	308	27.6	85	8.8	27	11.4	35	48.4	149	20.8	64	3.9	12
DALLAS-FORT WORTH	100.0	168	17.3	29	8.9	15	15.5	26	58.9	99	24.4	41	3.6	6
DENVER-BOULDER	100.0	120	16.7	20	10.0	12	12.5	15	52.5	63	22.5	27	5.8	7
DETROIT-ANN ARBOR	100.0	419	20.3	85	8.6	36	10.0	42	51.8	217	23.2	97	5.0	21
HOUSTON-GALVESTON-BROZONA	100.0	176	21.6	38	13.1	23	13.1	23	51.1	90	25.0	44	3.4	6
LA-ANAHEIM-RIVERSIDE	100.0	484	25.2	122	14.3	69	14.3	69	49.6	240	23.3	113	7.2	35
MIAMI-FORT LAUDERDALE	100.0	74	25.7	19	17.6	13	21.6	16	41.9	31	21.6	16	4.1	3
MILWAUKEE-RACINE	100.0	125	20.8	26	8.0	10	12.0	15	51.2	64	20.8	26	8.8	11
NEW YORK-NEW JERSEY	100.0	891	28.8	257	12.0	107	15.7	140	44.7	398	25.1	224	4.8	43
PHILA-WILMINGTON-TRENTON	100.0	662	24.3	161	9.5	63	15.9	105	46.5	308	22.8	151	4.7	31
PITTSBURGH-BEAVER VALLEY	100.0	317	27.1	86	13.6	43	13.6	43	45.4	144	16.1	51	3.5	11
PORTLAND-VANCOUVER	100.0	130	26.2	34	11.5	15	13.1	17	46.2	60	18.5	24	12.3	16
SF-OAKLAND-SAN JOSE	100.0	321	29.3	94	15.0	48	15.9	51	51.4	165	19.3	62	7.8	25
SEATTLE-TACOMA	100.0	160	23.7	38	8.1	13	11.9	19	49.4	79	20.6	33	9.4	15

Table 11: Main Reason for Employment Satisfaction of Newly Licensed Nurses by CMSA

New RNs in CMSAs cite "opportunity to work in desired specialty" as the primary source of satisfaction with their current position. "Salary/benefits" and "flexible hours/schedule" rank second and third among newly licensed nurses employed in metropolitan areas. Interestingly, "opportunity for continuing education" ranks third in Miami.

Table CMSA-12
MAIN REASON FOR EMPLOYMENT DISSATISFACTION OF NEWLY LICENSED NURSES BY CMSA

			REASONS FOR DISSATISFACTION									
	TOTAL		INADEQUATE SALARY		POOR WORKING CONDITIONS		UNSATISFYING STAFF RELATIONS		SKILLS UNDERUTILIZED		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	1,529	29.2	447	48.3	739	28.0	428	10.4	159	14.9	228
BOSTON LAWRENCE SALEM	100.0	67	22.4	15	52.2	35	23.9	16	19.4	13	16.4	11
BUFFALO NIAGARA FALLS	100.0	51	31.4	16	52.9	27	31.4	16	9.8	5	13.7	7
CHICAGO GARY LAKE CO	100.0	157	39.5	62	47.1	74	24.8	39	5.1	8	14.6	23
CINCINNATI HAMILTON	100.0	51	37.3	19	31.4	16	25.5	13	13.7	7	7.8	4
CLEVELAND AKRON LORAINE	100.0	76	23.7	18	50.0	38	27.6	21	9.2	7	15.8	12
DALLAS FORT WORTH	100.0	29	37.9	11	55.2	16	20.7	6	13.8	4	6.9	2
DENVER BOULDER	100.0	22	22.7	5	54.5	12	18.2	4	13.6	3	13.6	3
DETROIT ANN ARBOR	100.0	137	35.9	47	40.5	53	34.4	45	7.6	10	16.8	22
HOUSTON GALVESTON BROZONA	100.0	51	43.1	22	37.3	19	17.6	9	7.8	4	19.6	10
LA ANAHEIM RIVERSIDE	100.0	165	34.5	57	49.1	81	27.3	45	10.9	18	17.6	29
MIAMI FORT LAUDERDALE	100.0	24	25.0	6	58.3	14	16.7	4	4.2	1	16.7	4
MILWAUKEE RACINE	100.0	27	44.4	12	29.6	8	25.9	7	3.7	1	18.5	5
NEW YORK NEW JERSEY	100.0	273	23.4	64	50.9	139	34.8	95	15.0	41	11.0	30
PHILA WILMINGTON TRENTON	100.0	177	16.9	30	47.5	84	27.7	49	9.0	16	19.2	34
PITTSBURGH BEAVER VALLEY	100.0	122	28.7	35	52.5	64	31.1	38	5.7	7	13.1	16
PORTLAND VANCOUVER	100.0	16	18.8	3	68.8	11	6.3	1	37.5	6	12.5	2
SF OAKLAND SAN JOSE	100.0	60	28.3	17	58.3	35	20.0	12	10.0	6	16.7	10
SEATTLE TACOMA	100.0	30	26.7	8	43.3	13	26.7	8	6.7	2	13.3	4

Table 12: Main Reason For Employment Dissatisfaction of Newly Licensed Nurses by CMSA

Newly licensed nurses stating dissatisfaction with their current position cite "poor working conditions" (forced rotation, poor scheduling, etc.) as the primary source of their discontent. "Inadequate salary" and "unsatisfying staff relations" ranked second and third. All CMSAs followed the same general pattern except Cincinnati and Houston where "inadequate salary" ranked first and Portland where "skills underutilized" placed third.

Table CMSA-13
RACIAL – ETHNIC BACKGROUND OF NEWLY LICENSED NURSES BY CMSA

	TOTAL		WHITE		BLACK		HISPANIC		ASIAN		AMERICAN INDIAN	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	6,311	87.0	457	6.3	255	3.5	211	2.9	22	.3
BOSTON LAWRENCE SALEM	370	100.0	354	95.7	10	2.7	2	.5	4	1.1	0	0.0
BUFFALO NIAGARA FALLS	188	100.0	177	94.1	7	3.7	3	1.6	1	.5	0	0.0
CHICAGO GARY LAKE CO	641	100.0	543	84.7	54	8.4	16	2.5	27	4.2	1	.2
CINCINNATI HAMILTON	239	100.0	229	95.8	5	2.1	1	.4	3	1.3	1	.4
CLEVELAND AKRON LORAINE	393	100.0	372	94.7	16	4.1	3	.8	2	.5	0	0.0
DALLAS FORT WORTH	204	100.0	180	88.2	17	8.3	5	2.5	2	.8	0	0.0
DENVER BOULDER	149	100.0	139	93.3	4	2.7	5	3.4	1	.7	0	0.0
DETROIT ANN ARBOR	564	100.0	522	92.6	31	5.5	4	.7	6	1.1	1	.2
HOUSTON GALVESTON BROZONA	233	100.0	194	83.3	26	11.2	7	3.0	5	2.1	1	.4
LA ANAHEIM RIVERSIDE	685	100.0	490	71.5	38	5.5	90	13.1	62	9.1	5	.7
MIAMI FORT LAUDERDALE	107	100.0	73	68.2	17	15.9	16	15.0	0	0.0	1	.9
MILWAUKEE RACINE	162	100.0	147	90.7	11	6.8	1	.6	2	1.2	1	.6
NEW YORK NEW JERSEY	1,207	100.0	961	79.6	151	12.5	64	5.3	29	2.4	2	.2
PHILA WILMINGTON TRENTON	882	100.0	822	93.2	41	4.6	11	1.2	8	.9	0	0.0
PITTSBURGH BEAVER VALLEY	464	100.0	454	97.8	7	1.5	1	.2	2	.4	0	0.0
PORTLAND VANCOUVER	153	100.0	141	92.2	1	.7	1	.7	7	4.6	3	2.0
SF OAKLAND SAN JOSE	412	100.0	324	78.6	17	4.1	23	5.6	44	10.7	4	1.0
SEATTLE TACOMA	203	100.0	189	93.1	4	2.0	2	1.0	6	3.0	2	1.0

Table 13: Racial-Ethnic Background of Newly Licensed Nurses by CMSA

Great diversity exists in the racial-ethnic composition of newly licensed nurses in metropolitan areas. Portland, Cincinnati, and Boston are the least diverse and Miami is the most diverse.

Table CMSA-14
MARITAL STATUS OF NEWLY LICENSED NURSES BY CMSA

	TOTAL		NEVER MARRIED		MARRIED		SEPARATED/DIVORCED		WIDOWED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	3,145	43.3	3,218	44.3	840	11.6	53	7
BOSTON-LAWRENCE-SALEM	370	100.0	205	55.4	128	34.6	34	9.2	3	.8
BUFFALO-NIAGARA FALLS	188	100.0	83	44.1	74	39.4	28	14.9	3	1.6
CHICAGO-GARY-LAKE CO	641	100.0	299	46.6	274	42.7	65	10.1	3	.5
CINCINNATI-HAMILTON	239	100.0	82	34.3	133	55.6	23	9.6	1	.4
CLEVELAND-AKRON-LORAINE	393	100.0	174	44.3	180	45.8	38	9.7	1	.3
DALLAS-FORT WORTH	204	100.0	50	24.5	122	59.8	26	12.7	6	2.9
DENVER-BOULDER	149	100.0	36	24.2	81	54.4	32	21.5	0	0.0
DETROIT-ANN ARBOR	564	100.0	212	37.6	282	50.0	69	12.2	1	.2
HOUSTON-GALVESTON-BROZONA	233	100.0	39	16.7	153	65.7	40	17.2	1	.4
LA-ANAHEIM-RIVERSIDE	685	100.0	236	34.5	348	50.8	96	14.0	5	.7
MIAMI-FORT LAUDERDALE	107	100.0	46	43.0	42	39.3	19	17.8	0	0.0
MILWAUKEE-RACINE	162	100.0	77	47.5	68	42.0	16	9.9	1	.6
NEW YORK-NEW JERSEY	1,207	100.0	644	53.4	439	36.4	115	9.5	9	.7
PHILA-WILMINGTON-TRENTON	882	100.0	446	50.6	345	39.1	84	9.5	7	.8
PITTSBURGH-BEAVER VALLEY	464	100.0	243	52.4	163	35.1	54	11.6	4	.9
PORTLAND-VANCOUVER	153	100.0	49	32.0	77	50.3	26	17.0	1	.7
SF-OAKLAND-SAN JOSE	412	100.0	162	39.3	195	47.6	51	12.4	3	.7
SEATTLE-TACOMA	203	100.0	62	30.5	113	55.7	24	11.8	4	2.0

Table 14: Marital Status of Newly Licensed Nurses by CMSA

CMSAs can be divided into three major categories: (1) those where the "never married" prevail (Boston, New York, Philadelphia, Pittsburgh), (2) those where the "married" dominate (Cincinnati, Dallas, Boulder, Detroit, Houston, Los Angeles, Portland, San Francisco, and Seattle), and (3) those where almost equal proportions of married and singles reside (Buffalo, Chicago, Cleveland, Miami, Milwaukee).

Table CMSA-15
PRESENCE OF CHILDREN AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		HAS CHILDREN		HAS NO CHILDREN	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	2,806	38.7	4,450	61.3
BOSTON-LAWRENCE-SALEM	370	100.0	107	28.9	263	71.1
BUFFALO-NIAGARA FALLS	188	100.0	69	36.7	119	63.3
CHICAGO-GARY-LAKE CO	641	100.0	241	37.6	400	62.4
CINCINNATI-HAMILTON	239	100.0	109	45.6	130	54.4
CLEVELAND-AKRON-LORAINE	393	100.0	140	35.6	253	64.4
DALLAS-FORT WORTH	204	100.0	91	44.6	113	55.4
DENVER-BOULDER	149	100.0	76	51.0	73	49.0
DETROIT-ANN ARBOR	564	100.0	233	41.3	331	58.7
HOUSTON-GALVESTON-BROZONA	233	100.0	138	59.2	95	40.8
LA-ANAHEIM-RIVERSIDE	685	100.0	312	45.5	373	54.5
MIAMI-FORT LAUDERDALE	107	100.0	35	32.7	72	67.3
MILWAUKEE-RACINE	162	100.0	57	35.2	105	64.8
NEW YORK-NEW JERSEY	1,207	100.0	411	34.1	796	65.9
PHILA-WILMINGTON-TRENTON	882	100.0	311	35.3	571	64.7
PITTSBURGH-BEAVER VALLEY	464	100.0	159	34.3	305	65.7
PORTLAND-VANCOUVER	153	100.0	61	39.9	92	60.1
SF-OAKLAND-SAN JOSE	412	130.0	165	40.0	247	60.0
SEATTLE-TACOMA	203	100.0	91	44.8	112	55.2

Table 15: Presence of Dependent Children Among Newly Licensed Nurses by CMSA

In most CMSAs, a larger proportion of new RNs have no dependent children living at home. In Cincinnati, Denver, Los Angeles and Seattle, the proportion of new RNs with and without dependent children at home is about equal.

Table CMSA-16
AGE OF NEWLY LICENSED NURSES BY METROPOLITAN AREA OF RESIDENCE

	NUMBER	MEAN AGE	STD DEV
GRAND TOTAL	14,335	31.4	8.09
METROPOLITAN AREA			
BOSTON-LAWRENCE-SALEM	387	29.6	7.53
BUFFALO-NIAGARA FALLS	188	29.9	7.57
CHICAGO-GARY-LAKE CO	655	30.0	7.92
CINCINNATI-HAMILTON	244	31.3	8.30
CLEVELAND-AKRON-LORAINE	405	30.8	7.99
DALLAS-FORT WORTH	208	32.5	8.44
DENVER-BOULDER	153	32.2	7.58
DETROIT-ANN ARBOR	574	31.1	7.92
HOUSTON-GALVESTON-BROZONA	239	34.2	7.73
LA-ANAHEIM-RIVERSIDE	702	31.8	7.74
MIAMI-FORT LAUDERDALE	107	29.7	7.57
MILWAUKEE-RACINE	165	29.6	6.93
NEW YORK-NEW JERSEY	1,237	29.9	8.06
PHILA-WILMINGTON-TRENTON	902	29.1	7.39
PITTSBURGH-BEAVER VALLEY	466	30.0	8.10
PORTLAND-VANCOUVER	153	32.5	8.00
SF-OAKLAND-SAN JOSE	416	32.3	7.63
SEATTLE-TACOMA	207	31.5	7.00
NON-METROPOLITAN AREAS	6,927	32.2	8.23

Table 16: Age of Newly Licensed Nurses by CMSA

The average age of newly licensed nurses in metropolitan areas is 31. The mean age is lowest in Philadelphia, Boston, Miami, and Milwaukee. On average, new RNs are oldest in Houston with a mean age of over 34.

Table CMSA-17
MEAN FULL-TIME SALARIES OF NEWLY LICENSED NURSES BY CMSA

	SALARY	
	MEAN SALARY	STD DEV
GRAND TOTAL	$23,504.3	$ 9,213
METROPOLITAN AREA		
BOSTON-LAWRENCE-SALEM	26,830.8	9,995
BUFFALO-NIAGARA FALLS	21,504.1	8,192
CHICAGO-GARY-LAKE CO	23,211.1	8,194
CINCINNATI-HAMILTON	21,052.0	8,626
CLEVELAND-AKRON-LORAINE	24,082.8	8,641
DALLAS-FORT WORTH	23,872.6	9,519
DENVER-BOULDER	23,059.0	7,541
DETROIT-ANN ARBOR	23,848.4	9,131
HOUSTON-GALVESTON-BROZONA	24,249.6	8,950
LA-ANAHEIM-RIVERSIDE	27,499.1	11,054
MIAMI-FORT LAUDERDALE	25,612.8	8,536
MILWAUKEE-RACINE	21,585.4	7,555
NEW YORK-NEW JERSEY	29,168.3	10,363
PHILA-WILMINGTON-TRENTON	26,911.0	9,218
PITTSBURGH-BEAVER VALLEY	23,571.5	7,651
PORTLAND-VANCOUVER	22,875.1	9,147
SF-OAKLAND-SAN JOSE	27,137.5	12,012
SEATTLE-TACOMA	21,702.6	8,705
NON-METROPOLITAN AREAS	21,391.5	8,011

Table 17: Mean Full-Time Salaries of Newly Licensed Nurses by CMSA

The highest average full-time salaries among newly licensed nurses residing in cities are found in the New York City metropolitan area and the San Francisco Bay area. The lowest average salaries are found in Buffalo and Seattle. Salaries of new RNs living in non-metropolitan areas are considerably lower than those of their urban counterparts.

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An Executive Report on the New Nurse

East North Central Region

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PREFACE

Licensed to Care: An Executive Report of the New Nurse is the culmination of an extraordinary effort to capture and present the exemplary experiences of the nation's newly licensed nurses. In response to the urgent need for accurate data on the nursing supply, the National League for Nursing has taken the lead in analyzing the current condition of America's contemporary cohort of new nurses by conducting the survey of newly licensed nurses. The study was designed to collect information that can be effectively utilized by nurse executives in recruiting and retaining registered nurses. It offers in-depth data necessary to ascertain their demographic characteristics, to assess their employment experiences and evaluate their educational backgrounds.

The strength of the study and the resulting data is based on its sound methodological approach. First, the sheer number of respondents, over 28,000 new RNs, assure statistically significant data. Additionally, the excellent national and regional response rates guarantee that the data are comprehensive and reliable.

Many individuals at NLN were involved in the coordination, design, and production of the study and its resulting publications. Special thanks are due to Kathy Kaufman and Jill Hodge, Research Coordinators, for their contributions in data analysis and graphics.

Peri Rosenfeld, PhD
Vice President
Division of Research

Section 1
Executive Summary

EXECUTIVE SUMMARY

INTRODUCTION

The Nursing Shortage: How Do New RNs Fit In?

Recent developments have forced employers of health care professionals, policymakers, and the public to seriously evaluate and understand the status of nursing within the changing health care climate. Greater emphasis on cost containment, the scarcity of nurses and other providers, and the mushrooming of out-of-hospital health care delivery are just three major transformations that are responsible for the current focus on nurses in the health industry.

The key words in modern health care are cost containment and home care and nursing is a primary component for the success of both. While nurses are at the center of change they have not always been involved in providing the solutions. The current nursing shortage has altered that situation and thrust nursing into a new role within the health care system.

More importantly, the recent nursing shortage has sent a strong message to the health care industry and others that nursing is a scarce resource whose numbers cannot be taken for granted. Indeed, despite consistent increases in the *supply* of RNs, the health care system continues to demand more.

The solution to the shortage is not the *numbers* of nurses but the *proper utilization* of nurses. Nurses are already the largest group of health care providers with over 2 million RNs in the contemporary supply. When RNs are treated as autonomous professionals and not required to perform tasks that are best undertaken by paraprofessional or other health care workers, the number of RNs required for proper care is diminished. In other words, the shortage is the result of increased demand for RNs, and that increased demand is the result of inappropriate utilization of RNs by their employers. As the Secretary's Commission on Nursing concluded,

> ". . . the current nurse shortage is primarily the result of a rapidly-increasing demand for RNs. Some of this increased demand for RNs is a rising because health care delivery organizations are compensating for reductions in non-nursing staff, both clinical and non-clinical—as well as in other categories of nursing personnel . . . These recommendations call for the provision of adequate support services for nurses,utilization of the most appropriate mix of nursing personnel . . . and improvement in the internal management of nurse resources . . . ." (Secretary's Commission on Nursing, 1989).

The future outlook for health care, therefore, is related to the future of nursing, and the brightest signpost for the future is the newest crop of RNs. This cadre of new licensees provides us with a window to the future of nursing and health care. *Licensed to Care: An Executive Report of New Nurses* was designed as a tool for administrators to help them better appreciate the experiences, attitudes and characteristics of the new nurse. The data contained in this report will assist in planning for the contemporary and future demand for nurses. Because each geographic region is unique in terms of its demographic and economic characteristics, each volume of *Licensed to Care* will focus on one census region as it compares to the national perspective.

Research Design and Response Rate

In March 1990, eight months after obtaining RN licensure, all newly licensed registered nurses were sent a survey to identify their demographic characteristics, assess their educational background, and examine their employment experiences. Prior to sending the survey to the field, each state board of nursing except New Hampshire and Hawaii granted permission for the release of the names and addresses of their new licensees to the National League for Nursing.

After three mailings a total of 28,147 completed surveys were received representing an excellent response rate of 64% nationwide. Response rates for the individual states varied from a high of 76% in Maryland and New Jersey to a low of 52% in Alabama. Among the largest states—New York, California, Illinois, Texas—response rates fluctuated in the high 60% range. In view of the fact that these response rates reflect the **universe of new RNs and not a sample**, these figures are extremely respectable and confirm the reliability and validity of these data.

Educational Profile of the Newly Licensed Nurse

A Short History of Nursing Education Programs

The history of nursing education is replete with struggles between those who argue that the proper setting for nursing preparation is in institutions of higher learning and those considering the hospital the appropriate place for nursing education. The trend toward college preparation has triumphed as evidenced by the decline in numbers of diploma programs and the spiraling surge in associate degree and baccalaureate programs. Despite the cyclical nature of nursing shortages, there has been continual growth in the *number* of educational programs for nurses with the current figure hovering around 1,450.

Type of nursing education and geographic location are the two most powerful variables in explaining differences among nurses in general and new RNs in particular. Historically the newest form of nursing education, associate degree programs now comprise the majority—over 60%—of nursing preparation programs in America. Diploma programs, which predominated for most of nursing's illustrious history, are now the minority—less than 10 %—while the proportion of basic baccalaureate programs has remained essentially stable at about one-third of the total throughout the last century.

The Significance of Nursing Education Programs

The ratio of associate degree programs vis a vis diploma and baccalaureate programs varies from region to region. It is noteworthy that the remaining number of diploma programs are concentrated in the north eastern portion of the nation and the number of associate degree programs grows as one moves westward. The proportion of basic baccalaureate programs is highest in the New England region and hovers around the 30% mark in all other locations.

In regard to educational preparation, the cohort of recent graduates is *not*, however, a mirror image of the current nursing supply. According to the *1988 RN Sample Survey* conducted by the Department of Health and Human Services, diploma graduates comprise approximately 40% of the nation's nursing supply, associate degree graduates represent 25% and baccalaureate,25%. In the *1977 Sample Survey*, 67% of the supply was prepared at the diploma level, 11% at the associate degree level, and 18%,baccalaureate. This confirms that the growth in associate degree programs is having an impact on the general supply.

Another significant characteristic emerges in understanding the educational backgrounds of new RNs. A greater proportion of the contemporary cohort has had experience in the health care delivery system prior to RN licensure. Almost one-third of the new RNs had practiced as licensed practical/vocational nurses, and a significant percentage of these individuals *returned to their previous employer as RNs*. A closer look at these data reveals that over 40% of the associate degree graduates had previously practiced as LPN/LVNs, almost 20% of the diploma graduates had previous LPN/LVN experience and less than 10% of the baccalaureate alumni were previously LPN/LVNs.

The implications of these data are noteworthy for several reasons. First, it is evident that RN licensure is a measure of career mobility for many already employed in the health care system. For the nursing executive this suggests that continuing education can be a powerful factor in retaining exemplary employees working as paraprofessionals. These individuals already acclimated to the institution and its unique milieu usually return to repay their employers with many years of dedicated service. Second, as a recruitment strategy, nursing educators may target LPN/LVNs as potential students in their programs.

Advancement of LPN/LVNs to RN licensure offers interesting opportunities and challenges to both the executive and the employee. Many new nurses who took the time to write us were new RNs who were previously employed as LPN/LVNs. They voiced concerns about the loss of seniority when they became RNs. Often they were forced to work undesirable shifts, and their salaries were only nominally better than they had been as LPN/LVNs. Most often they protested the treatment they received from their new colleagues who, remembering them as paraprofessionals, questioned their capabilities as RNs. In short, executives must be aware of both the positive and negative aspects of advancement from LPN/LVN to RN.

The Many Faces of Newly Licensed Nurses

Data on the demographic characteristics of the newly licensed nurses are perhaps the most vital information needed to recruit and retain employees. Variables such as marital status, presence of dependent children, and age all have important implications relative to scheduling, activity status, and the desirability of child care as possible benefits at your institution. Understanding the potential applicant pools from which your new nurses are recruited will place you in a better position to offer the benefits and working environment that are most attractive to today's new nurses.

While associate degree graduates predominate among the contemporary cohort of new RNs, it is important to note that the trend toward associate degree education has profound implications for the future supply of nurses. Associate degree graduates are demographically different from their diploma or baccalaureate counterparts. Most significantly, associate degree alumni are more mature with an average age of almost 34. The typical diploma graduate is approximately 29, and the average baccalaureate graduate is 27.

Not surprisingly, age is related to marital status and the presence of dependent children, and indeed, the majority (over 62%) of new RNs coming from associate degree programs are married and over half have dependent children at home. The comparable figures for diploma graduates show that about equal numbers are married and single, and one-third have children at home. The baccalaureate-prepared new RN is most likely to be single (57%) and childless (80%).

The overwhelming majority of new nurses are white females. Nursing remains the archetypical women's profession with over 94% of its members being female, and there is little variation among the geographic regions. While a large majority (over 90%) of new RNs are white, great variation exists throughout the nation. The largest proportion of blacks is found in the South Atlantic and East South Central regions, and the largest groups of Hispanics, Asians, and American Indians are located in the Pacific region.

Employment Patterns Among New Nurses

Supply and Demand for New RNs

The recent nursing shortage has fostered some damaging myths about the nursing profession. Claims are made that nurses are fleeing from the bedside or quickly "burn out" and seek other careers. Empirically these claims are false for both the general supply of nurses and particularly for the cohort of new RNs. Almost a year after graduation, 98% of new RNs are employed in nursing suggesting strong commitment to the profession. Moreover, the majority of the 2% that are not employed in nursing are voluntarily unemployed because of family obligation or continuing education. It is noteworthy that after almost a year of experience, the majority (81.5%) of new RNs are still employed at their first nursing job.

Several indicators confirm that the demand for new nurses is extraordinarily high. First, a great majority (63%) of new nurses state that "many jobs" were available when they were job hunting. An additional 11% took jobs at the site of their clinical preparation and hence did not job-hunt at all. In a similar vein, over 82% of newly licensed nurses accepted positions *before graduating* from nursing school indicating that early recruitment of senior nursing students is a successful strategy. Indeed, 97% of new graduates found jobs within three months of obtaining licenses.

Employment Profile of the New RN

Despite the rapid growth in home and community health, the vast majority (92%) of new RNs are employed in acute care settings. Just under 4% are employed in long-term care, 2% are working in community/public health, and the remainder hold positions in ambulatory settings such as schools and physician's offices.

Regardless of employment setting, the great majority (85%) of new RNs are working full-time. Even among those working as school nurses or in physicians offices, over three-fourth are considered full-timers. In view of the fact that many have dependent children living at home, these data are impressive reminders of their commitment to nursing.

What attracts a new RN to a particular position? A significant proportion (30%) state the "ability to practice in my chosen specialty" as the number one reason for choosing their current job, and 29% took their present job because of "prior experience in the institution." These data document that new RNs are career-minded and committed to the nursing profession. New RNs seek employment that offers them the practice *they* want, and often they build upon prior experiences to achieve higher status. In short, these newly licensed nurses are not taking the first job they encounter; they are educated, ambitious individuals seeking positions that permit growth and professional satisfaction.

Despite conventional wisdom that nurses are primarily motivated by money, only 11% claim that "salary" was the primary reason for choosing their current position. In fact, "salary" ranked very low on the scale behind "reputation of the institution" and "location".

Starting salaries for nurses vary considerably by region. While the national average for full-timers stood at $25,089 at the completion of the study, the highest average salaries were reported in Connecticut ($32,032), Alaska ($30,102) and New Jersey ($29,277). The lowest mean full-time salaries were reported in North Dakota ($20,282), South Dakota ($20,447), and Iowa ($20,903).

Factors Associated with Job Satisfaction

An astounding 80% of newly licensed nurses claim satisfaction with their current jobs, and almost 50% of them attribute their satisfaction to "working in desired specialty." An additional 25% cite "salary/benefits" as the primary source of their satisfaction.

It is noteworthy that job satisfaction is high among all demographic groups. Some variation, however, does exist. For example, among the different racial-ethnic backgrounds, 80% of the American Indians and Hispanics expressed satisfaction with their current employment, while only 69% of the blacks reported satisfaction. Another interesting finding indicates that rates of satisfaction decrease *slightly* with age. In other words, the younger newly licensed nurses, below age 24, express somewhat greater satisfaction than their older counterparts. Job satisfaction is virtually equal regardless of marital status and presence of children.

A significant plurality (44%) of those dissatisfied with their current position state "poor working conditions" (which include forced overtime, mandatory rotation, etc.) as the primary source of their discontent. "Inadequate salary" ranked second among the reasons for dissatisfaction (31%) and "unsatisfying staff relations" is a very close third (29%).

Indeed, there is some relationship between salary and satisfaction. Those reporting "salary" as their primary source of satisfaction are on average earning more than the other satisfied nurses: $26,513 compared with $25,352. In addition, those stating "inadequate salary" as their primary source of dissatisfaction report lower earnings than other discontented newly licensed nurses: $22,716 compared with $24,305. In short, while salary *per se* is not necessarily the most frequently cited source of satisfaction, it is a good predictor of job satisfaction.

Adequacy of Orientation

Perceived adequacy of orientation engendered some important results, and many respondents chose to remark on their experiences. In general, almost half of the newly licensed nurses evaluated their orientation as excellent or very good. An additional 27% assessed their orientation as good, 15% fair, and 6% poor. Approximately 3% claimed they received *no orientation* at all.

A rigorous content analysis was performed to categorize and analyze the qualitative, i.e., descriptive, data provided by respondents. Assessments of orientation fell into several global categories including: (a) the amount of time devoted to orientation, (b) the staff assigned to orientation, (c) the performance of the preceptor, (d) the amount and quality of the clinical and classroom training, and (e) organization of the orientation program.

Positive evaluations (e.g., "excellent/very good") were most strongly related to the sufficient amount of time devoted to orientation with over 55% of the respondents stating this. Over one-third of the respondents claimed that the performance or abilities of their preceptor contributed to their successful orientation. Smaller groups of new RNs considered their orientation excellent or very good because of "good courses/classroom training" (16.5%) and "good co-workers" (18.5%).

As one might expect, those newly licensed nurses who evaluated their orientation neutrally or negatively ("good/fair/poor") were most likely to assert that the amount of time devoted to orientation was insufficient

(36.5%). "No preceptor/poor preceptor" and "did not learn what I needed" tie for second place among the chief reasons for negative evaluations of orientation.

Closer analysis reveals that the majority of those who received no orientation at all were previously employed as LPN/LVNs. It was this group that was most vocal about their feelings. These new RNs objected to the attitude their administrators seemed to have about them, i.e., an LPN/LVN is already a nurse who needs no special orientation to the RN role.

The growing group of LPN/LVNs advancing to RN licensure presents an instructive illustration of how important it is to clearly distinguish the functions of professional, registered nurses vis- a-vis the technical practical nurse. It is neither desirable nor appropriate to consider the RN as interchangeable with the LPN/LVN. As described above, it is this attitude that "a nurse is a nurse is a nurse" that has contributed to the recent nursing shortage. RNs should not be performing those tasks associated with LPN/LVN licensure and vice versa. It is illegal and the staff resents it.

Adequacy of Nursing Education

A good measure of the success of an individual nursing educational program is how well graduates feel they were prepared for their current employment. A large majority (approximately 90%) of newly licensed nurses from all types of nursing educational programs responded that their classroom experiences prepared them adequately for their current position. While the overall majority responded positively in regard to adequacy of clinical preparation, some variation among the graduates of the different types of educational programs does exist. Over 90% of diploma graduates responded that their clinical preparation was adequate, while smaller groups of associate degree (73%) and baccalaureate (69%) graduates responded affirmatively.

These findings, while disturbing, are not unique. In previous studies of newly licensed nurses, baccalaureate graduates have consistently reported lower rates of satisfaction with their clinical experiences than the graduates of other programs. In an effort to explain this trend, the NLN Division of Research conducted a special study of clinical preparation at the nation's nursing schools in 1989. According to the findings:

> ". . . the issue of professional expectations and the influence of educational philosophies are certainly playing a role in these responses. For if BSN students are educated to perceive themselves as autonomous health care workers in community or public health care, those individuals may feel constrained by the bureaucratic, hierarchical structure of a hospital. And, though new BSNs often choose hospital employment, the dissonance they experience may be so powerful as to affect their perceptions of the adequacy of their education." (Rosenfeld and Kaufman, 1990)

Summary and Conclusion

The findings of the survey of newly licensed nurses offer a wealth of information on the demographic characteristics, educational backgrounds and employment experiences of the nation's newest RNs. There is little doubt that these men and women have entered nursing at an extremely turbulent period when shortages, cost containment efforts, and dislocation within the health care delivery system are rampant. Add to this the "graying of America," the AIDS epidemic and the plethora of health care problems associated with poverty and homelessness, and one recognizes that new nurses must possess a strong commitment to equitable health care and the public good.

As enrollments to nursing schools improve and fear of continued shortages subside, it is time to evaluate some of the strategies recently adopted to recruit and retain nurses to educational programs and to the practice settings. The astronomical growth in associate degree graduates presents both promise and dilemmas for nursing administrators. Clearly, the more mature, married associate degree student is as dedicated to full-time employment as are her diploma and baccalaureate counterparts. Age, however, does affect length of time in the workforce—the older the new graduate the fewer available years in the labor force. It is too soon to tell if this will have a significant impact on future supply.

It is vital that executives appreciate the consequences associated with the influx of LPN/LVNs into RN posi-

tions. No doubt LPN/LVNs are appropriate and desirable candidates for RN licensure. However, the transition from one to the other must not be taken for granted. In areas such as job satisfaction and attitudes toward job orientation, for example, those previously employed as LPN/LVNs expressed displeasure with the treatment they have received.

Clearly, the new crop of RNs are career minded, ambitious individuals committed to patient care and the profession of nursing. They choose positions that offer the ability to work in the specialty *they* desire not just what the institutions demand. They work full-time even if they have small children at home. They are often individuals who have had previous experience in health care and are now building their careers as professional nurses. They are nurses who are serious about health care—it's high time that the health care system recognize and reward them.•

Peri Rosenfeld, PhD
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Division of Research

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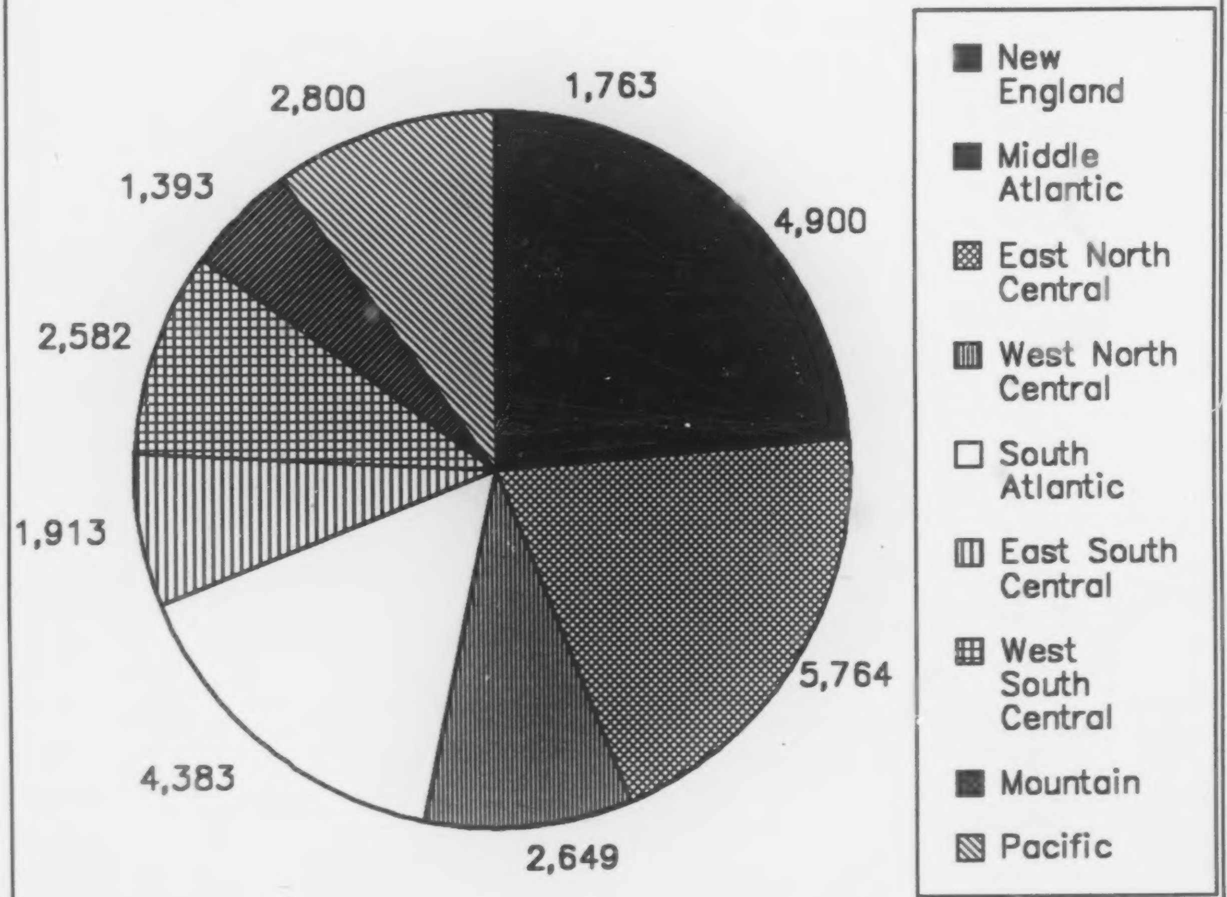
Section 2
Graphs

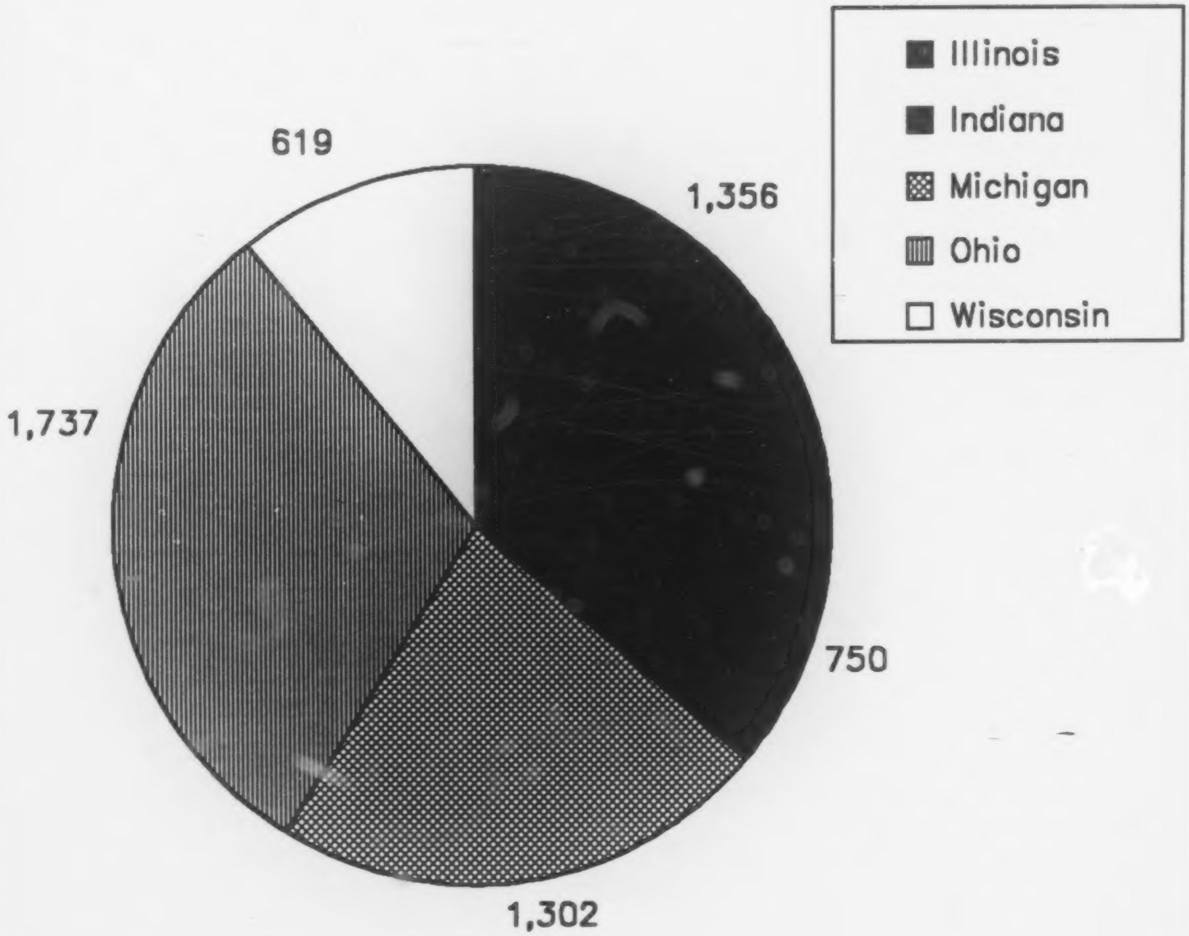
TOTAL NUMBER OF NEWLY LICENSED NURSES

The greatest number of newly licensed nurses reside in the East North Central states (5,764) followed by the Middle Atlantic (4,900). The smallest percentage currently live in the Mountain region (1,393).



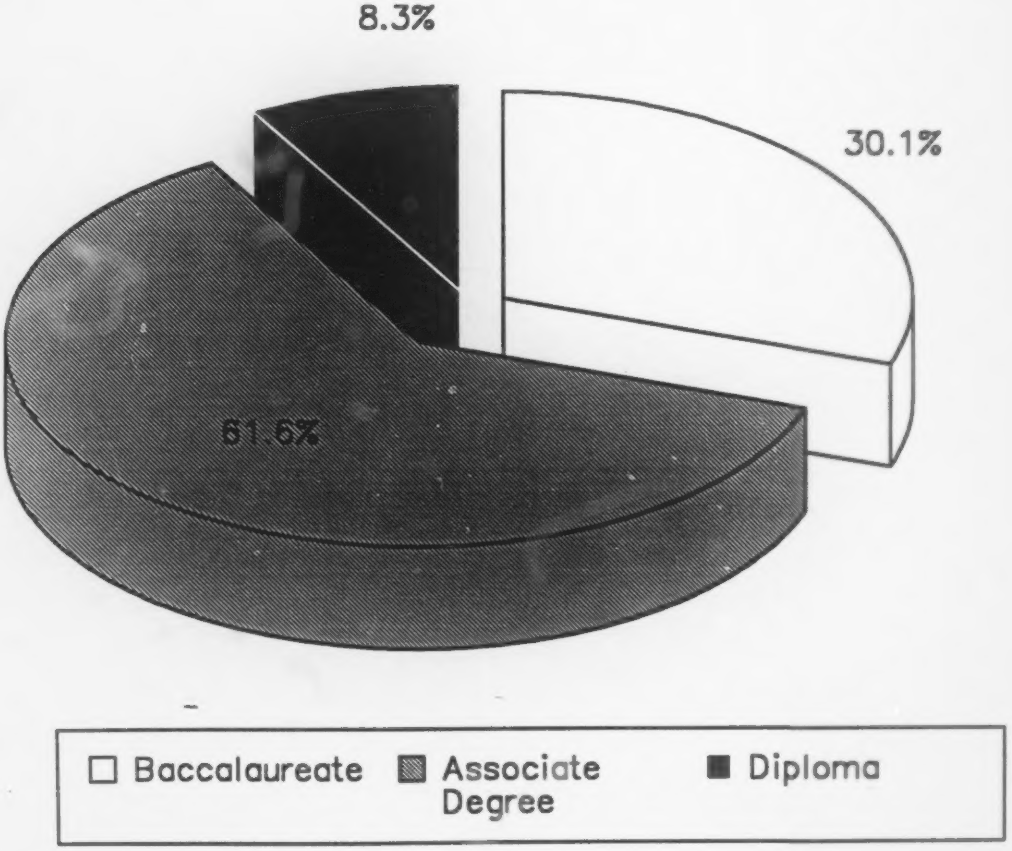
TOTAL NUMBER OF NEWLY LICENSED NURSES
East North Central Region

Ohio has the largest number of new nurses in the North East Central region followed by Illinois.



NEWLY LICENSED NURSES BY TYPE OF NURSING EDUCATION, 1990

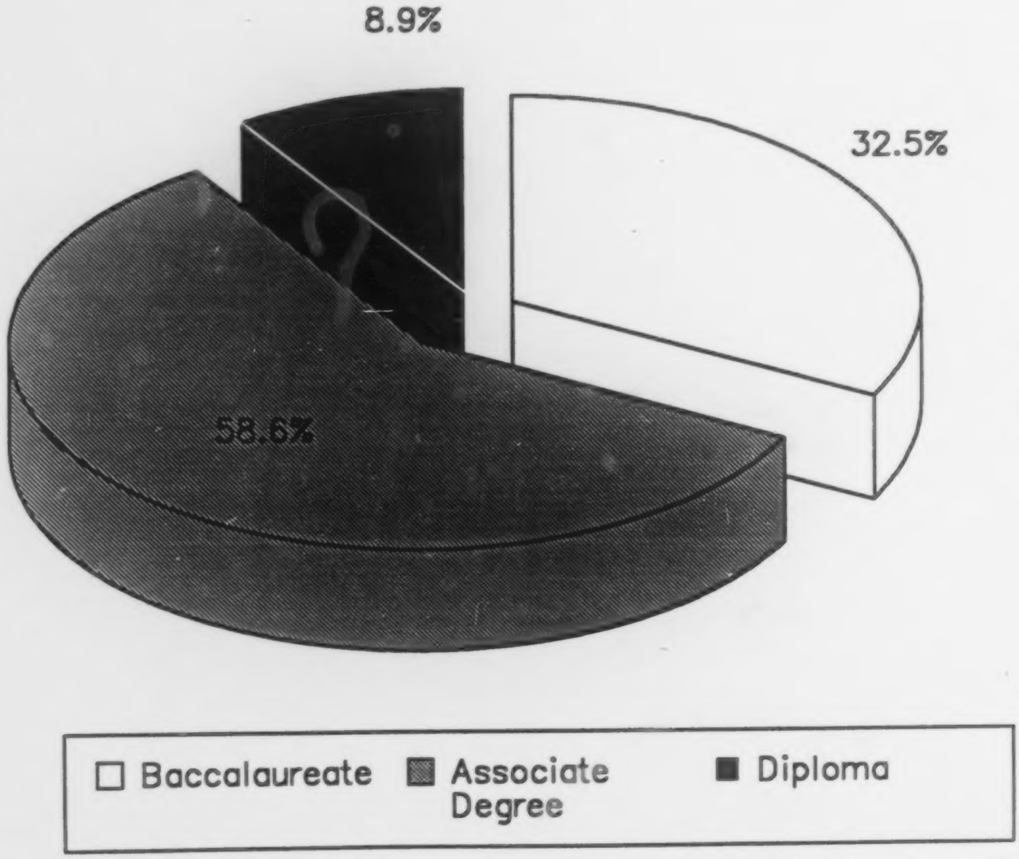
Over 60% of all new nurses have graduated from associate degree programs. Almost a third graduated with a baccalaureate, and just over 8% have diploma degrees.



NEWLY LICENSED NURSES BY TYPE OF NURSING EDUCATION, 1990

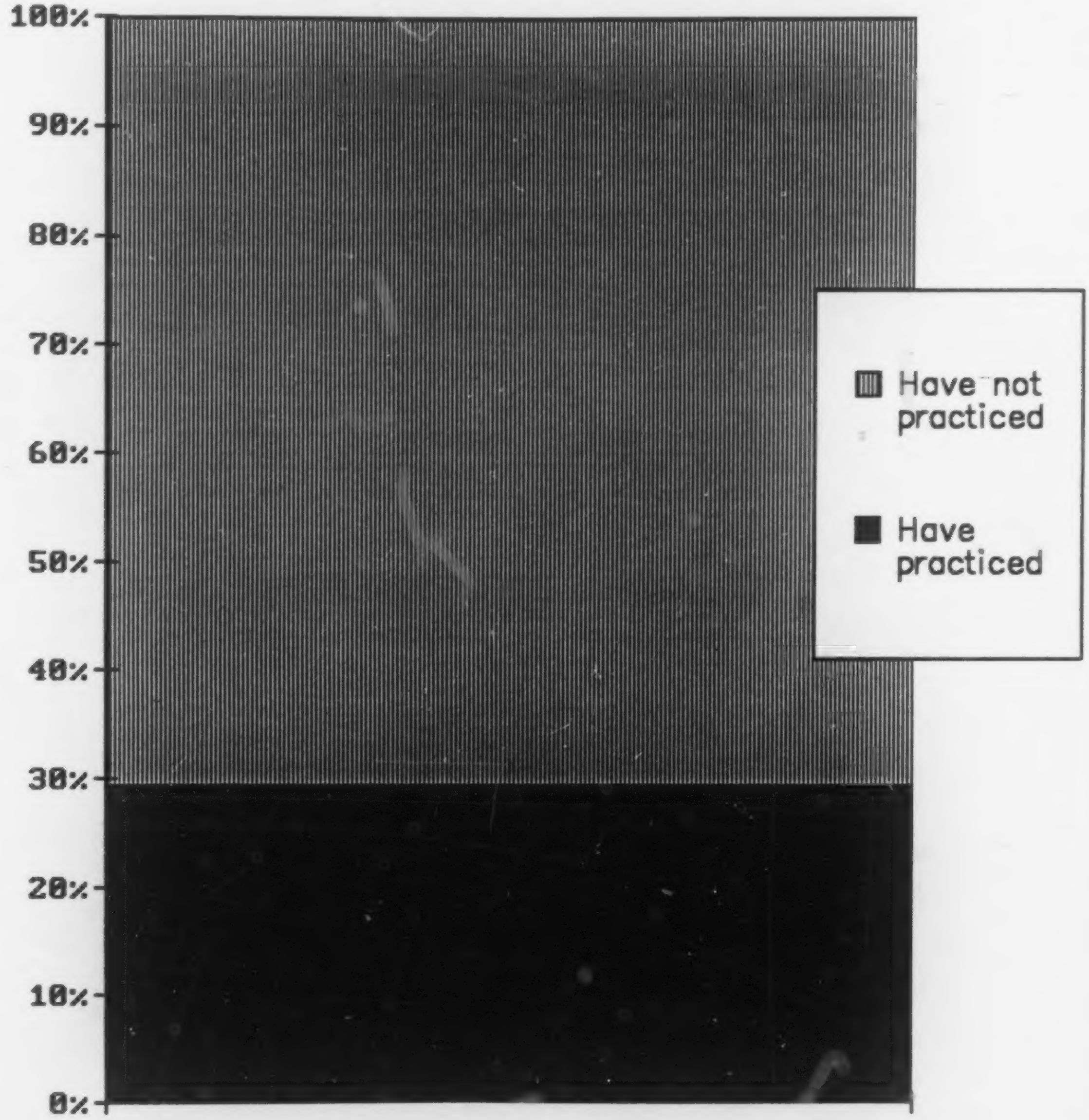
East North Central Region

Over 58% of all new nurses have graduated from associate degree programs. Almost a third graduated with a baccalaureate, and 9% have diploma degrees.



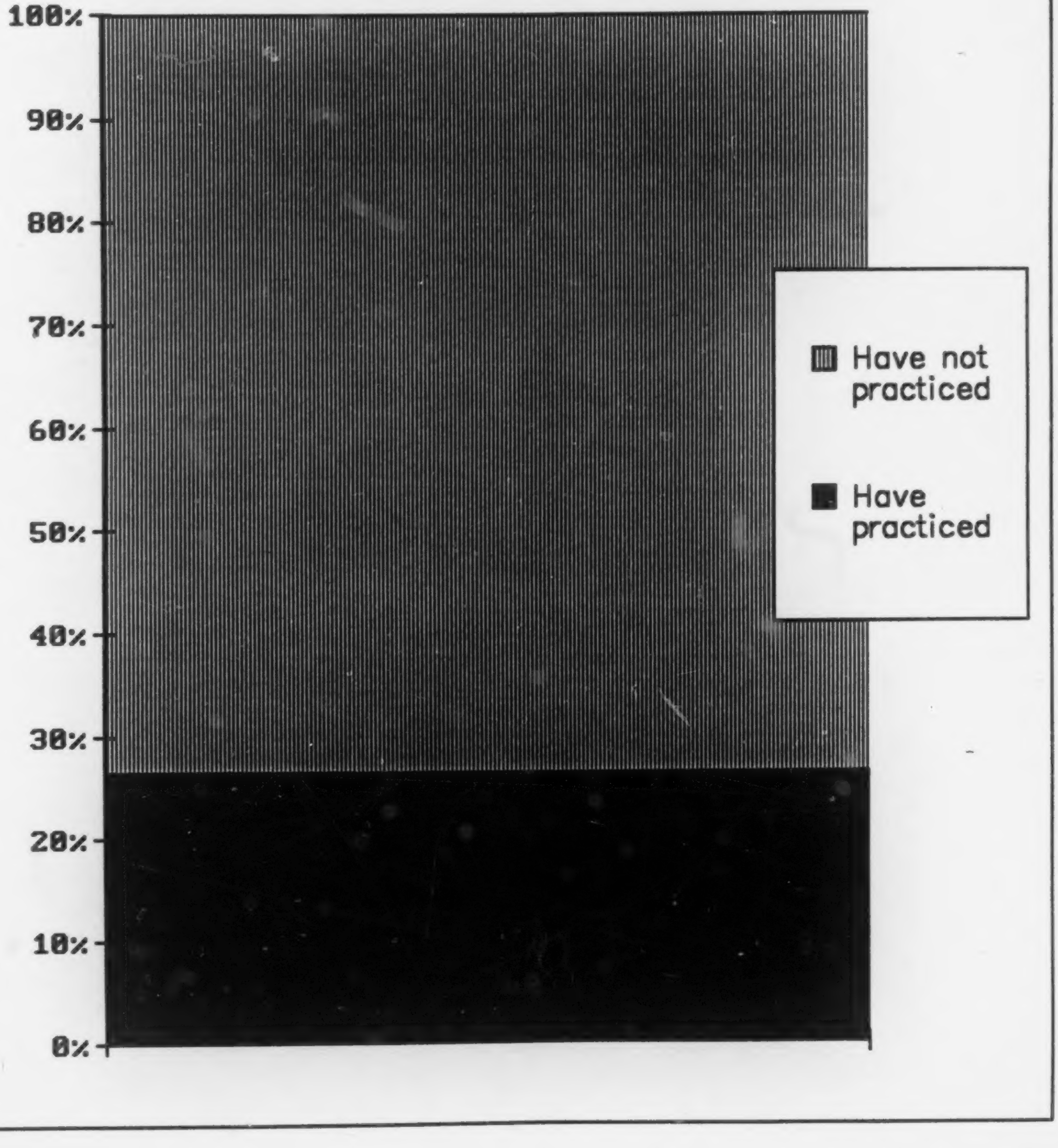
PRIOR LPN/LVN PRACTICE AMONG NEWLY LICENSED NURSES

Almost one-third of all newly licensed nurses have practiced as LPNs/LVNs.



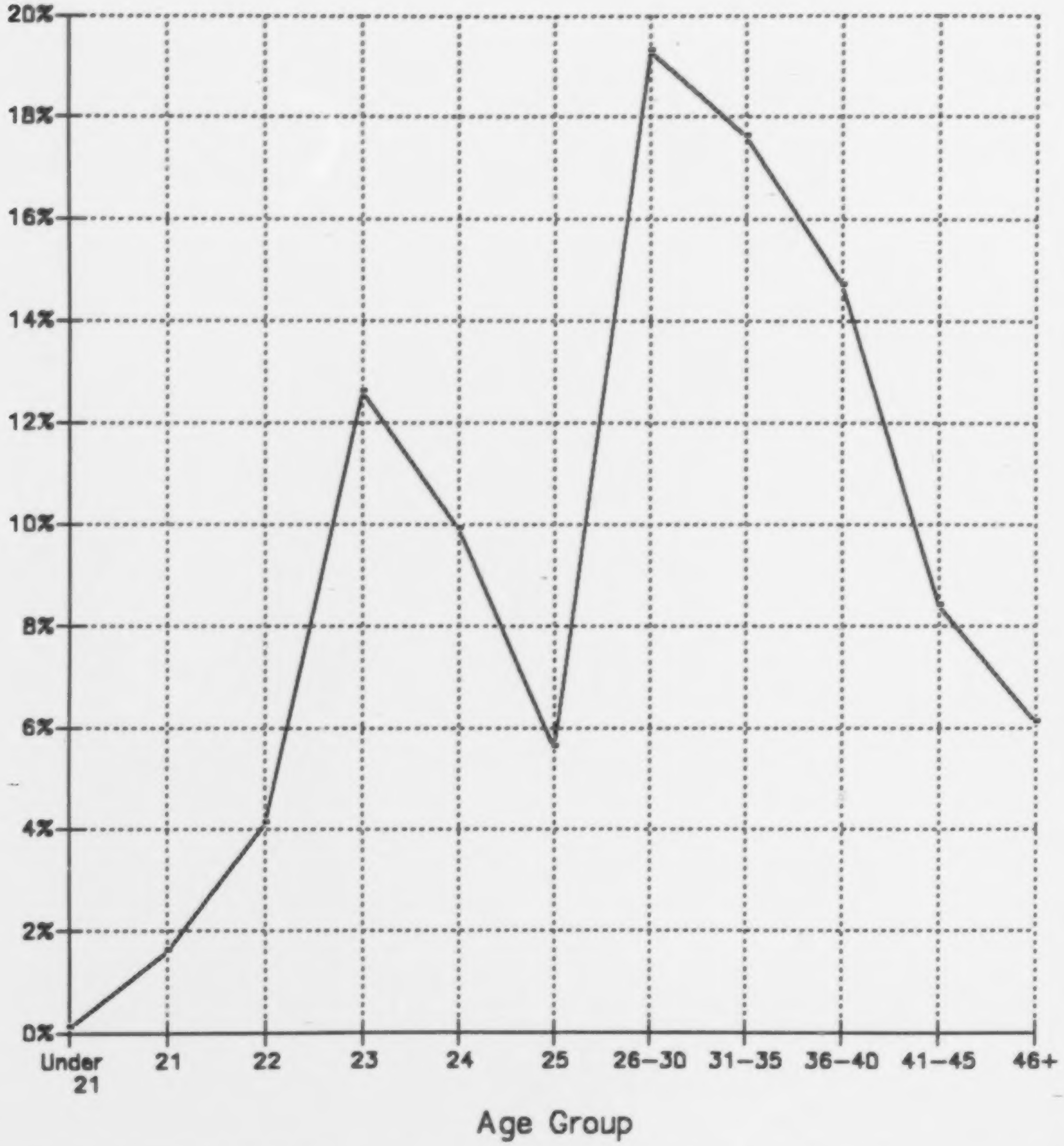
PRIOR LPN/LVN PRACTICE AMONG NEWLY LICENSED NURSES
East North Central Region

Of new nurses in the East North Central region, 27% have practiced as LPNs/LVNs.



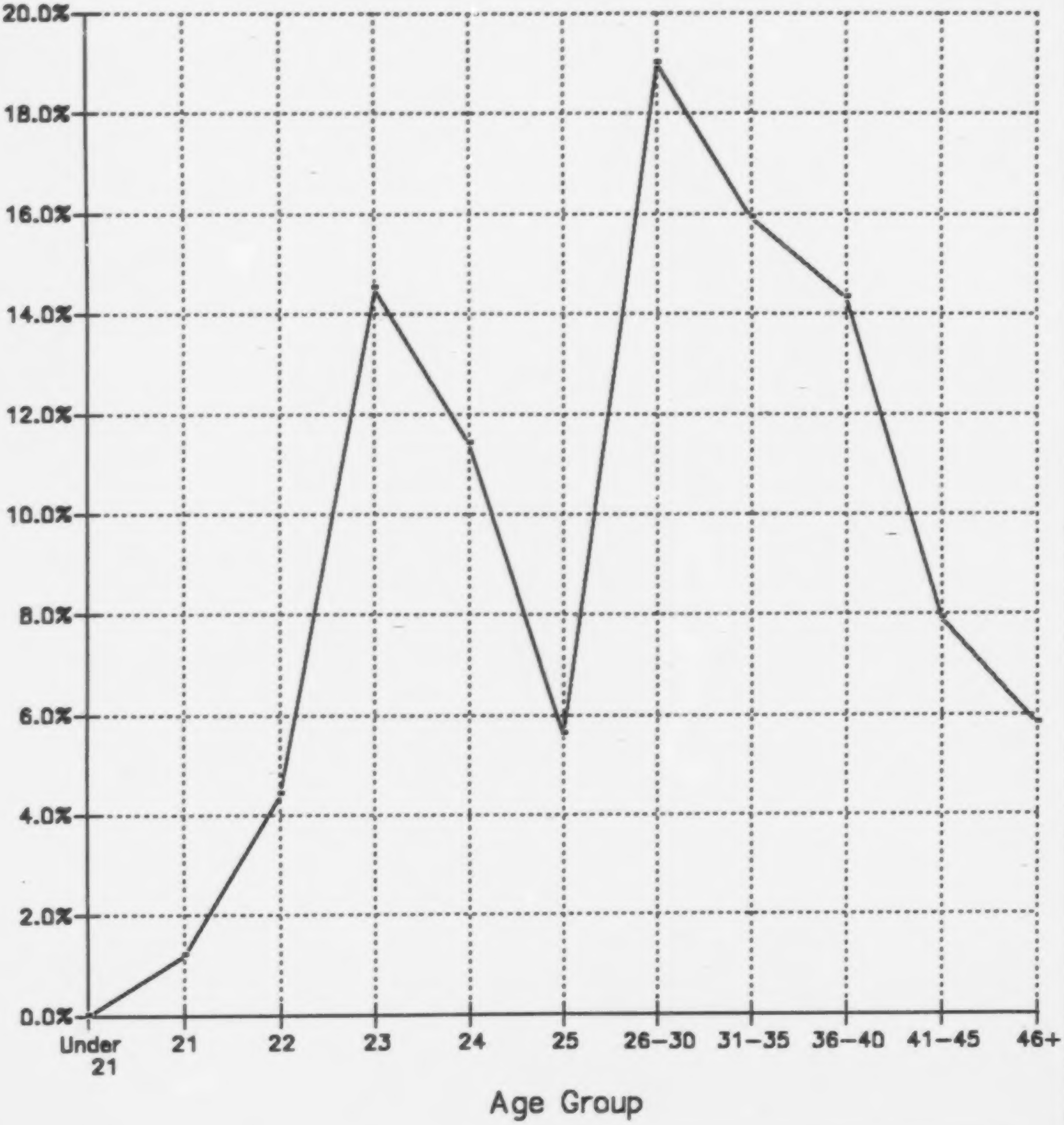
AGE DISTRIBUTION OF NEWLY LICENSED NURSES, 1990

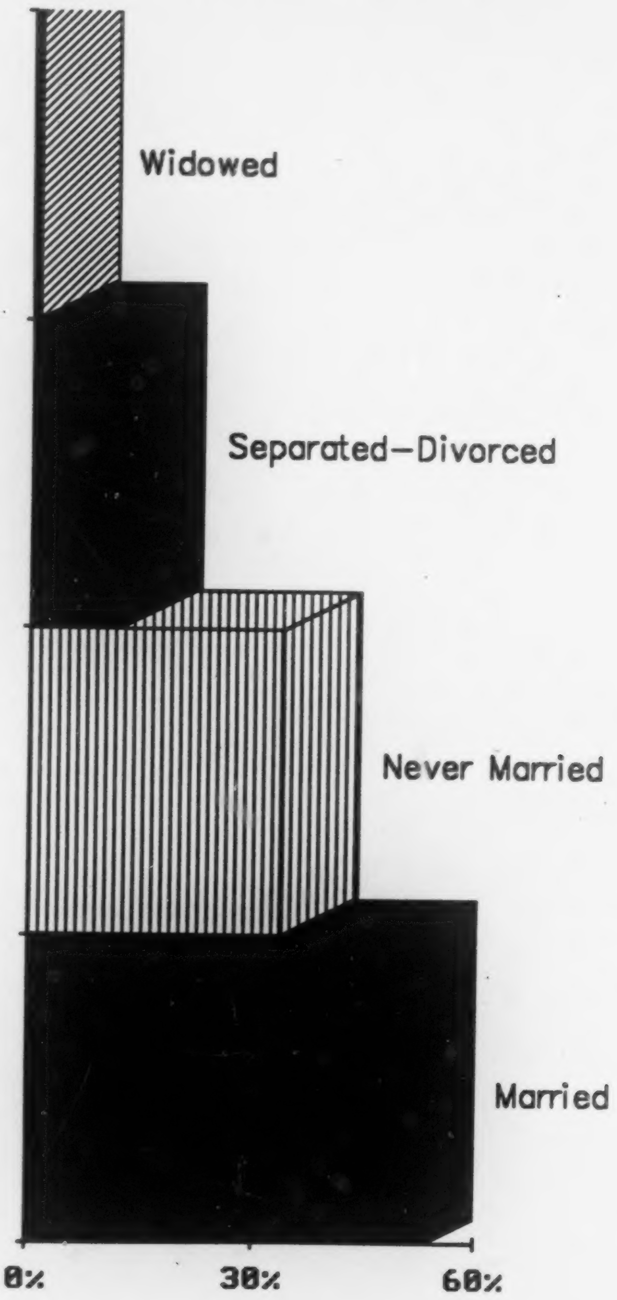
The average age of new RNs is bimodal. The largest group of RNs consists of those 26 to 30 years old. Another peak exists at the 23-year-old mark.



AGE DISTRIBUTION OF NEWLY LICENSED NURSES, 1990
East North Central Region

A plurality of newly licensed nurses in the East North Central region are ages 26 to 30.



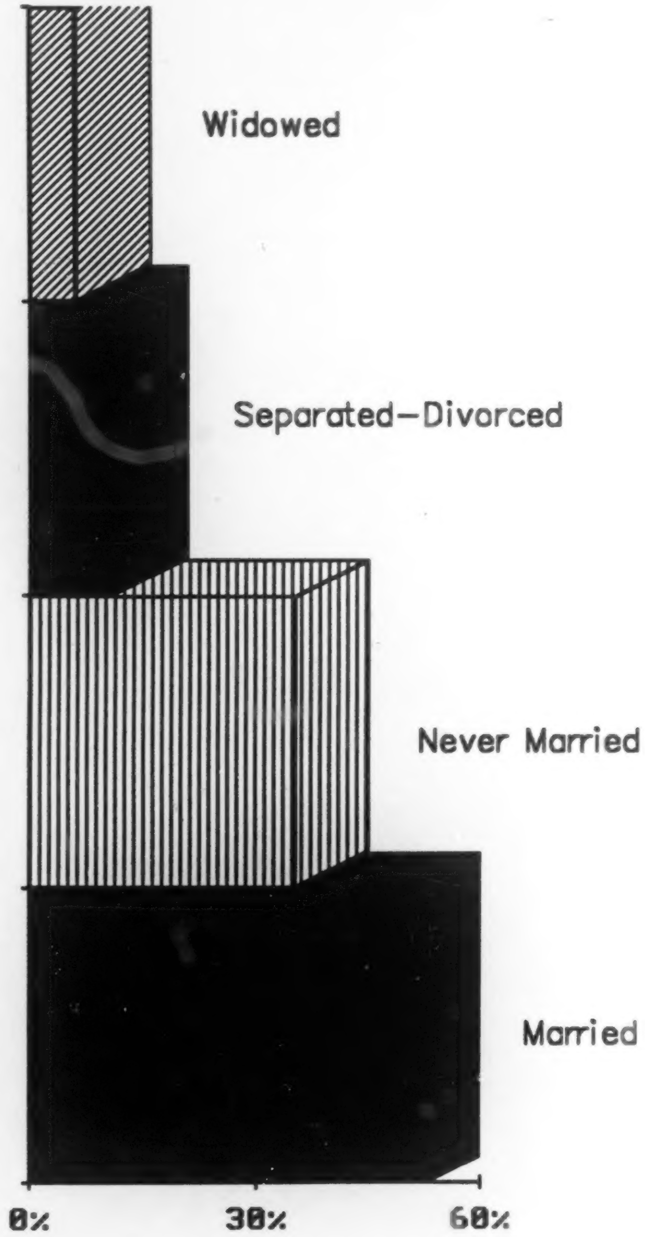


MARITAL STATUS OF NEWLY LICENSED NURSES, 1990

A majority of newly licensed nurses are married.

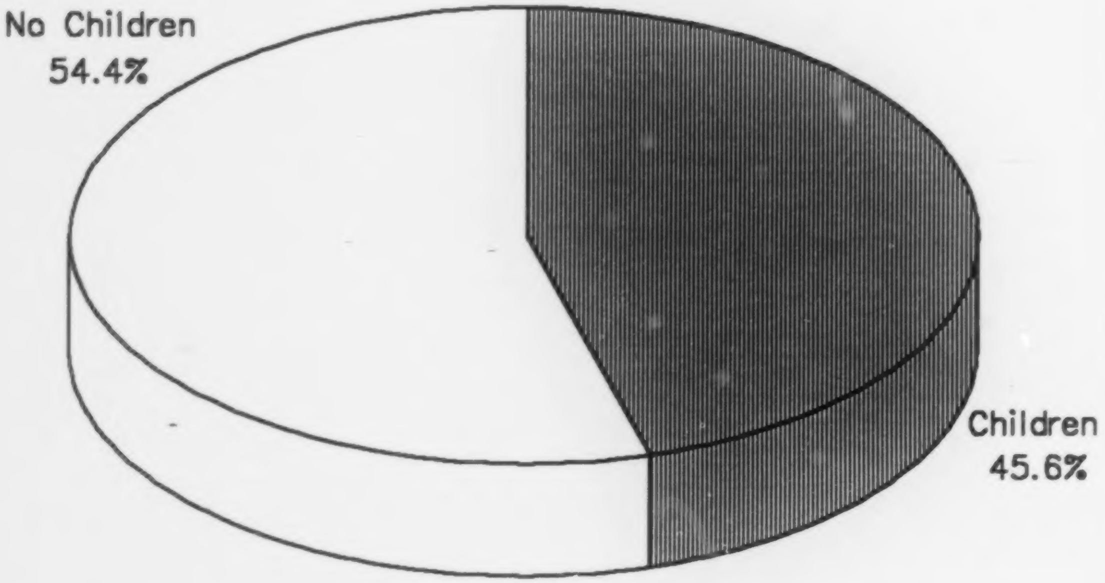
MARITAL STATUS OF NEWLY LICENSED NURSES, 1990
East North Central Region

A high proportion of new nurses in the East North Central region are married.



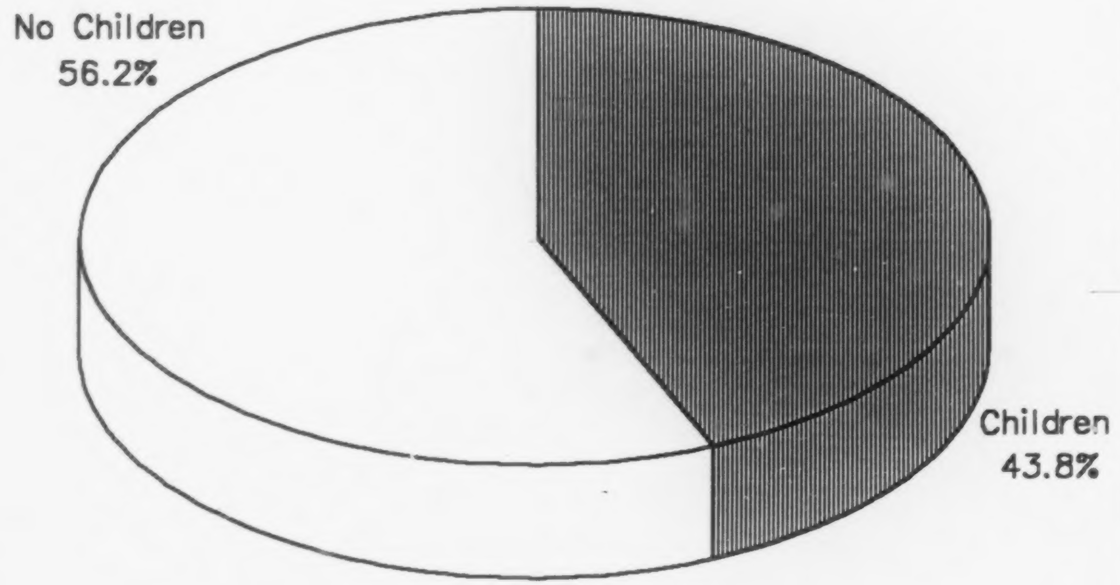
PERCENTAGE OF NEWLY LICENSED NURSES WITH AND WITHOUT CHILDREN, 1990

The percentage of newly licensed nurses who have children is almost equal to the percentage who have no children at home.



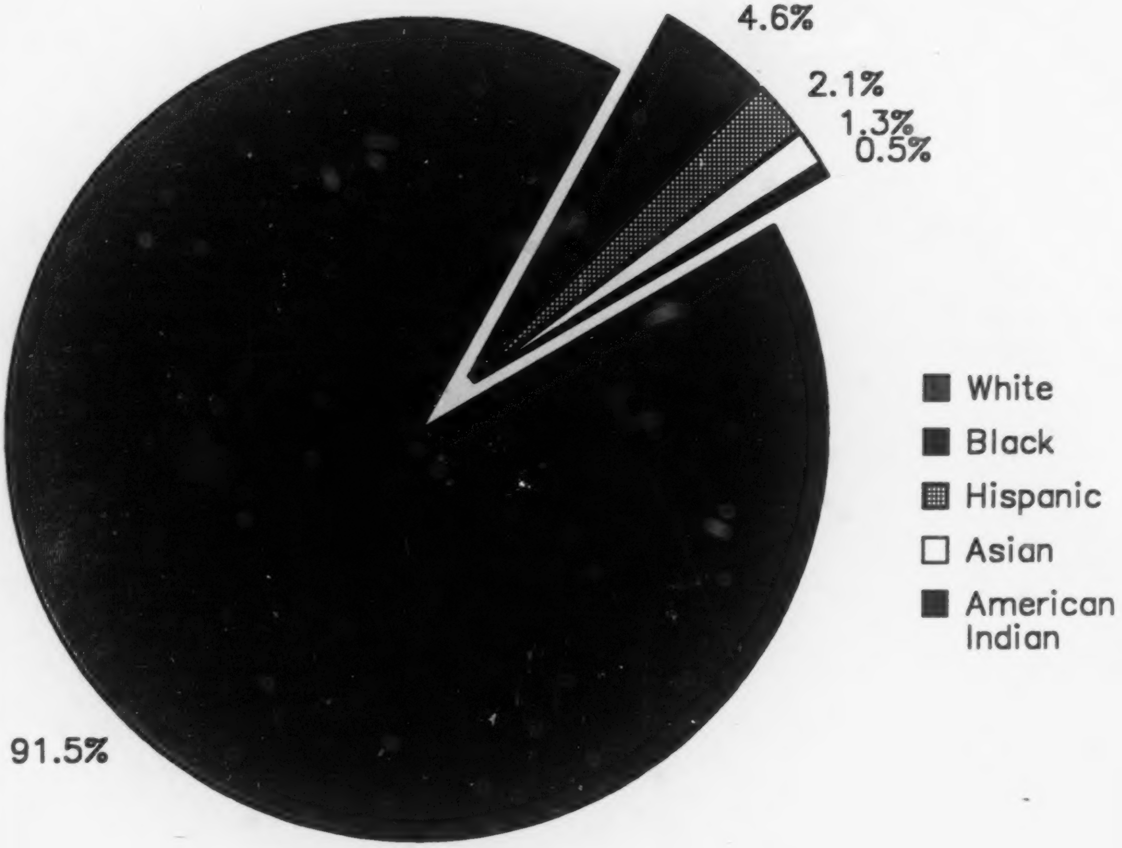
PERCENTAGE OF NEWLY LICENSED NURSES WITH AND WITHOUT CHILDREN, 1990
East North Central Region

Over half of all new nurses in the East North Central region have no children.



RACIAL/ETHNIC BACKGROUND OF NEWLY LICENSED NURSES, 1990

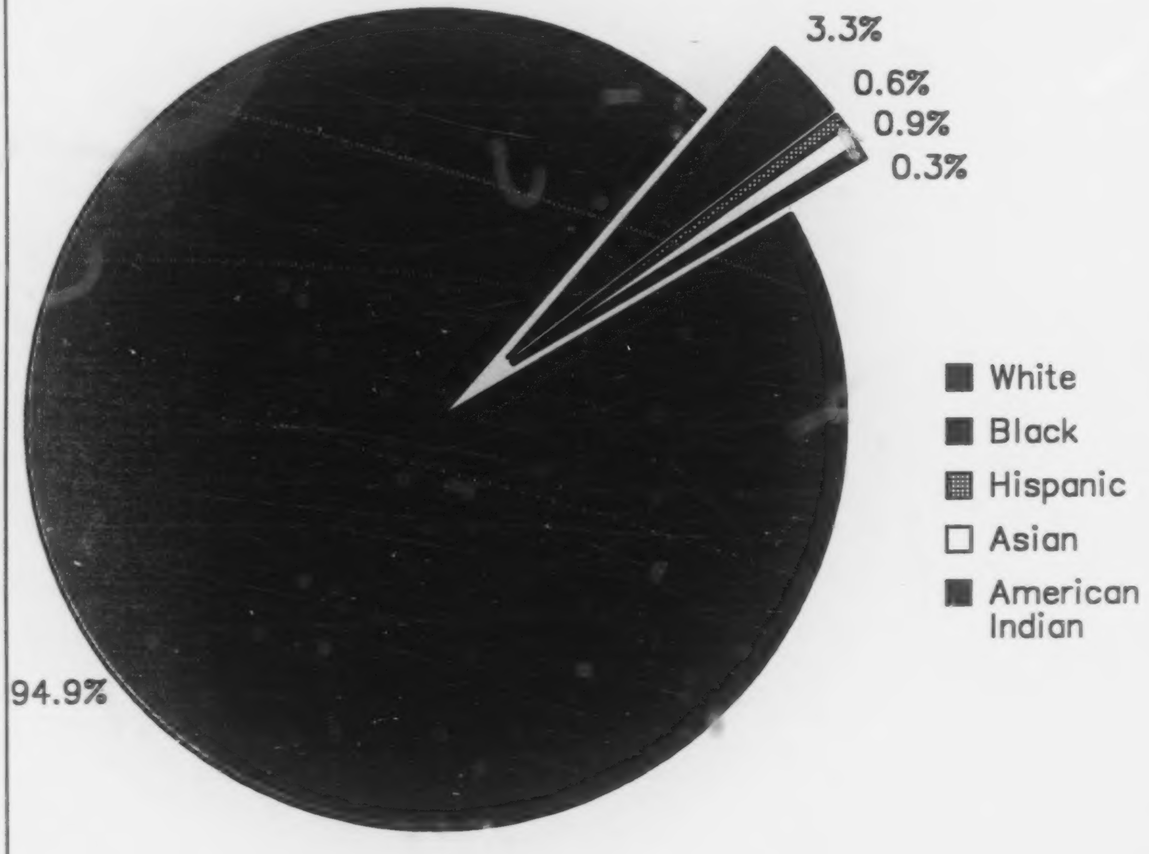
The overwhelming majority of newly licensed nurses are white. Less than 9% are non-white.



RACIAL/ETHNIC BACKGROUND OF NEWLY LICENSED NURSES, 1990

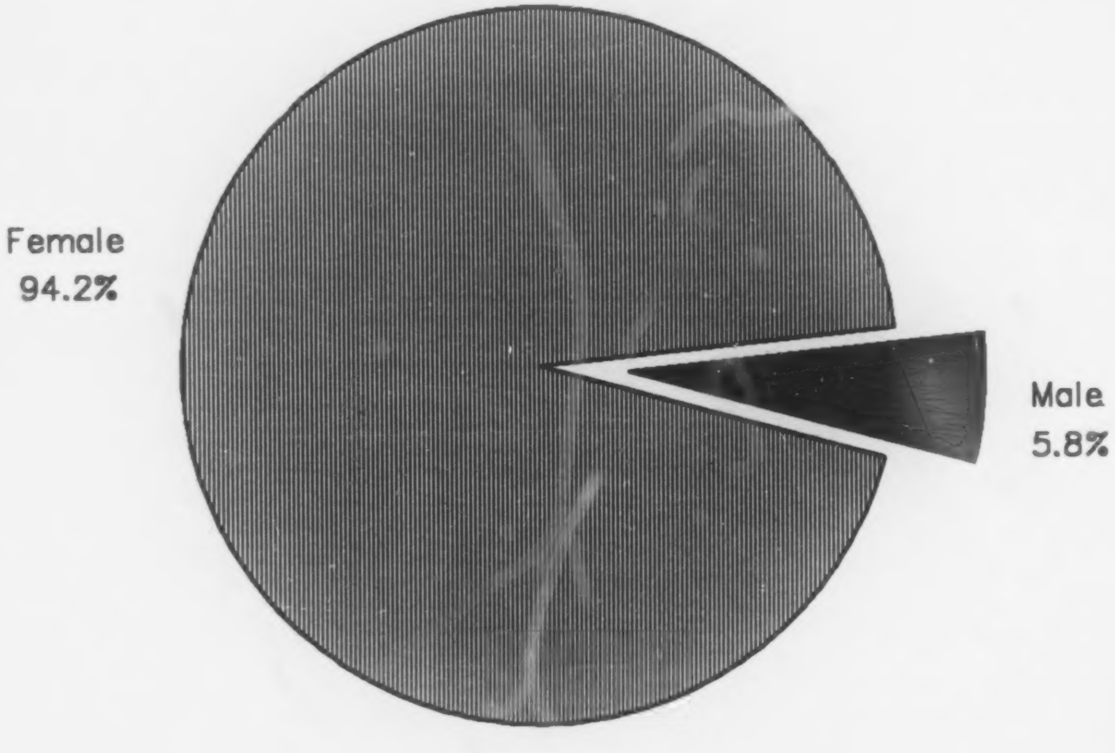
East North Central Region

The overwhelming majority of newly licensed nurses are white. Less than 6% are non–white.



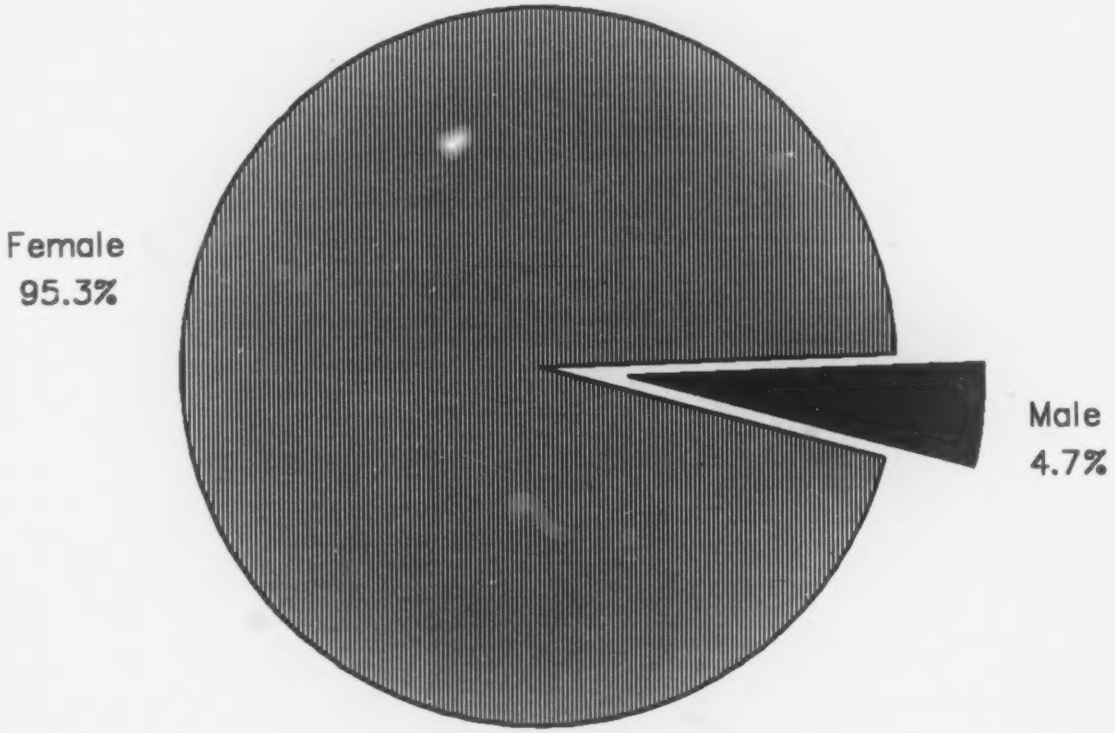
GENDER OF NEWLY LICENSED NURSES, 1990

An overwhelming majority of newly licensed nurses are female.



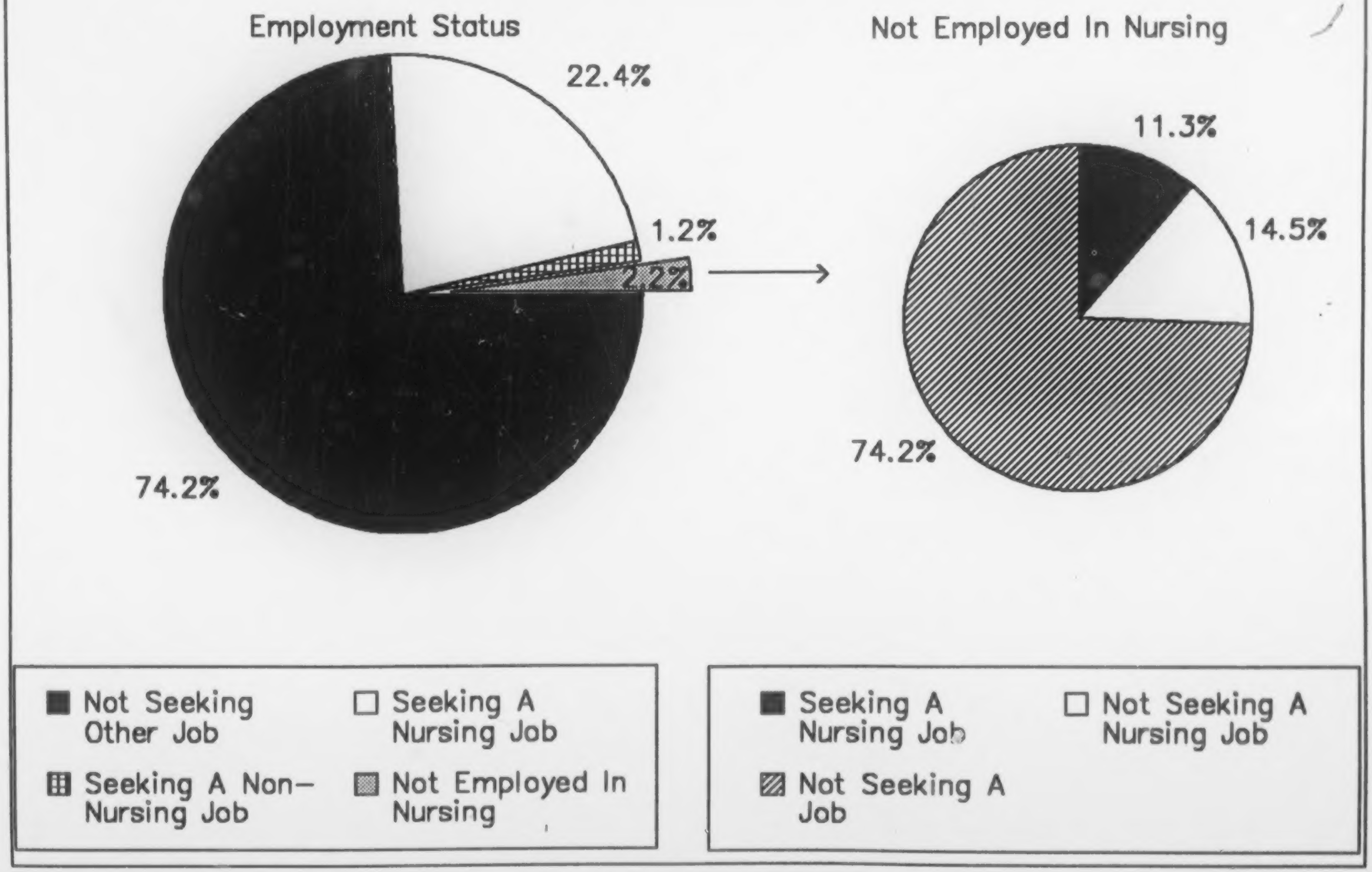
GENDER OF NEWLY LICENSED NURSES, 1990
East North Central Region

An overwhelming majority of newly licensed nurses are female.



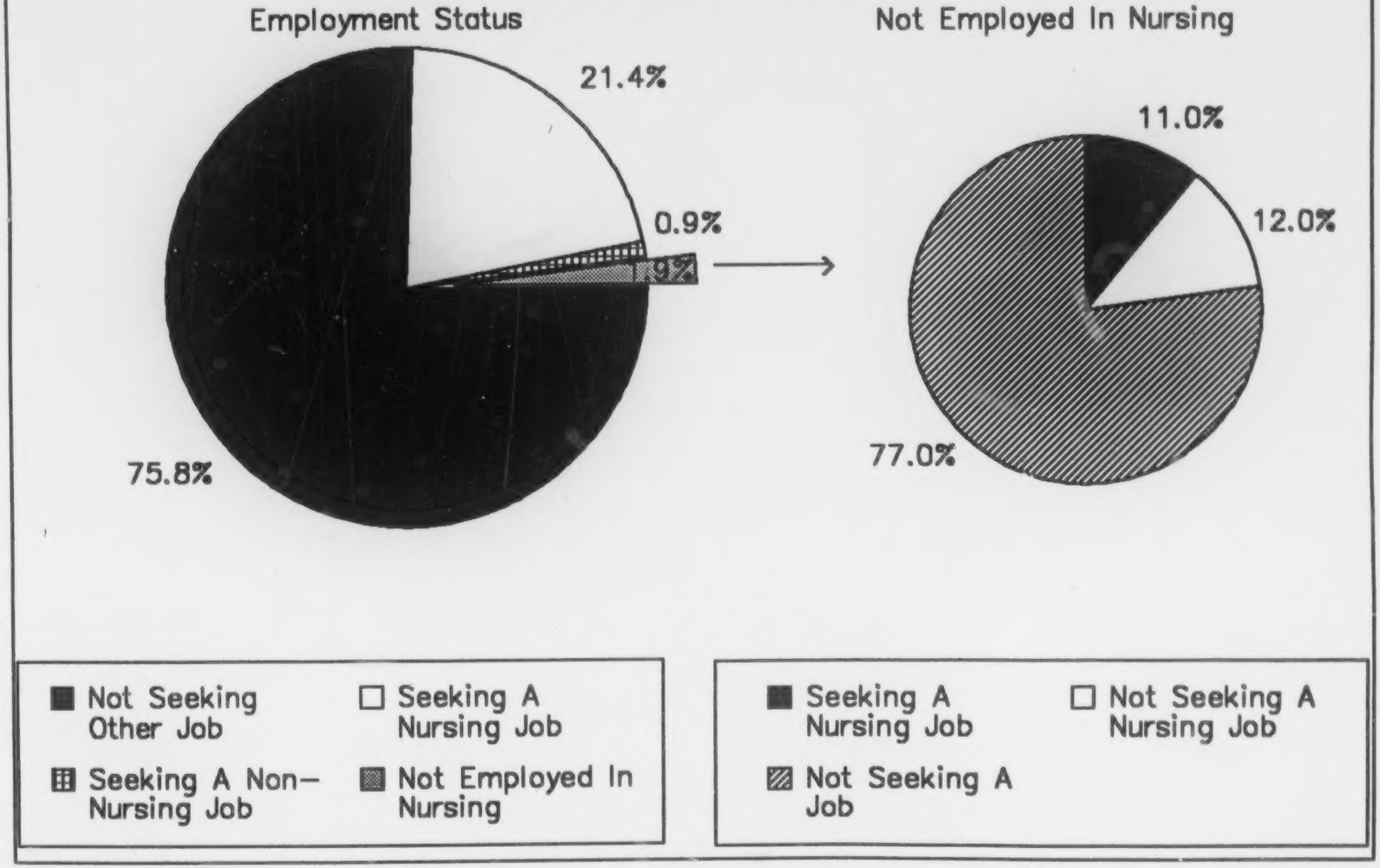
Employment Status of Newly Licensed Nurses, 1990

Over two-thirds of new nurses currently employed in nursing are not seeking another job. Of those unemployed, 74% are voluntarily unemployed.



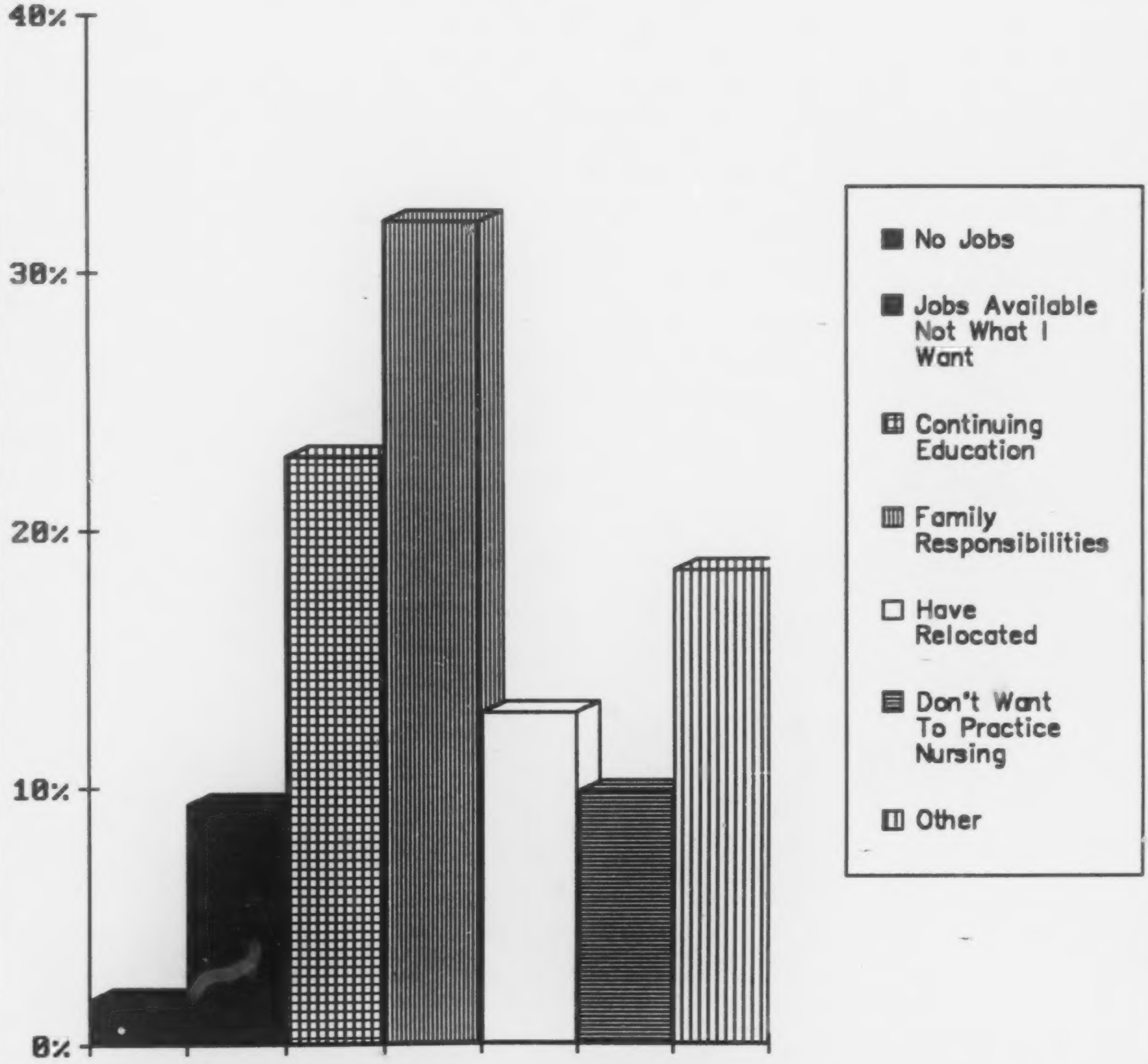
Employment Status of Newly Licensed Nurses, 1990
East North Central Region

Over three–quarters of new nurses currently employed in nursing are not seeking another job. Of those unemployed, 77% are voluntarily unemployed.



MAIN REASON WHY NEWLY LICENSED NURSES ARE NOT EMPLOYED IN NURSING

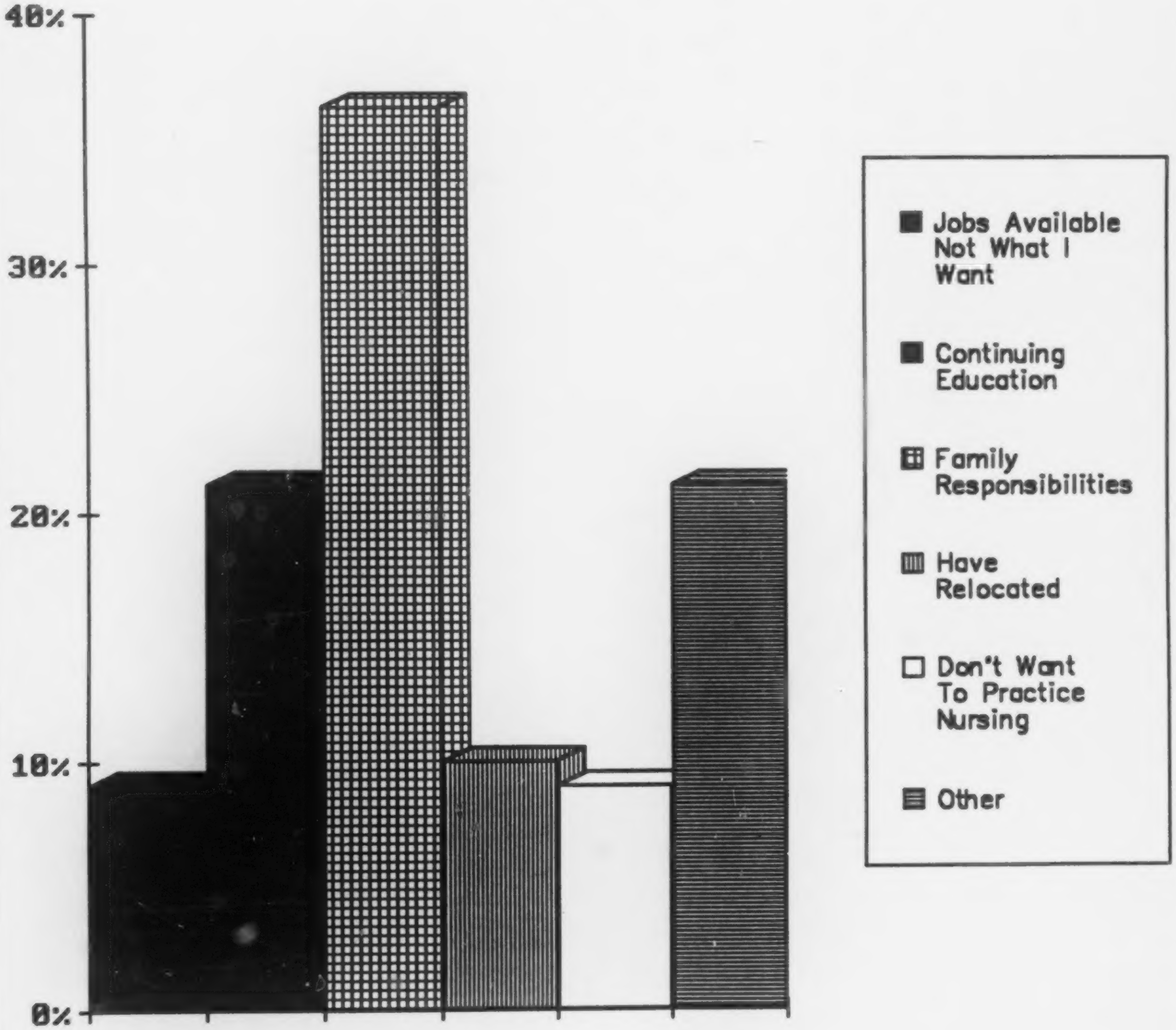
Respondents most often cited "family responsibilities" as their main reason for not currently holding a nursing position.



Note: Only 2 percent of all newly licensed nurses are not employed in nursing. Multiple responses allowed.

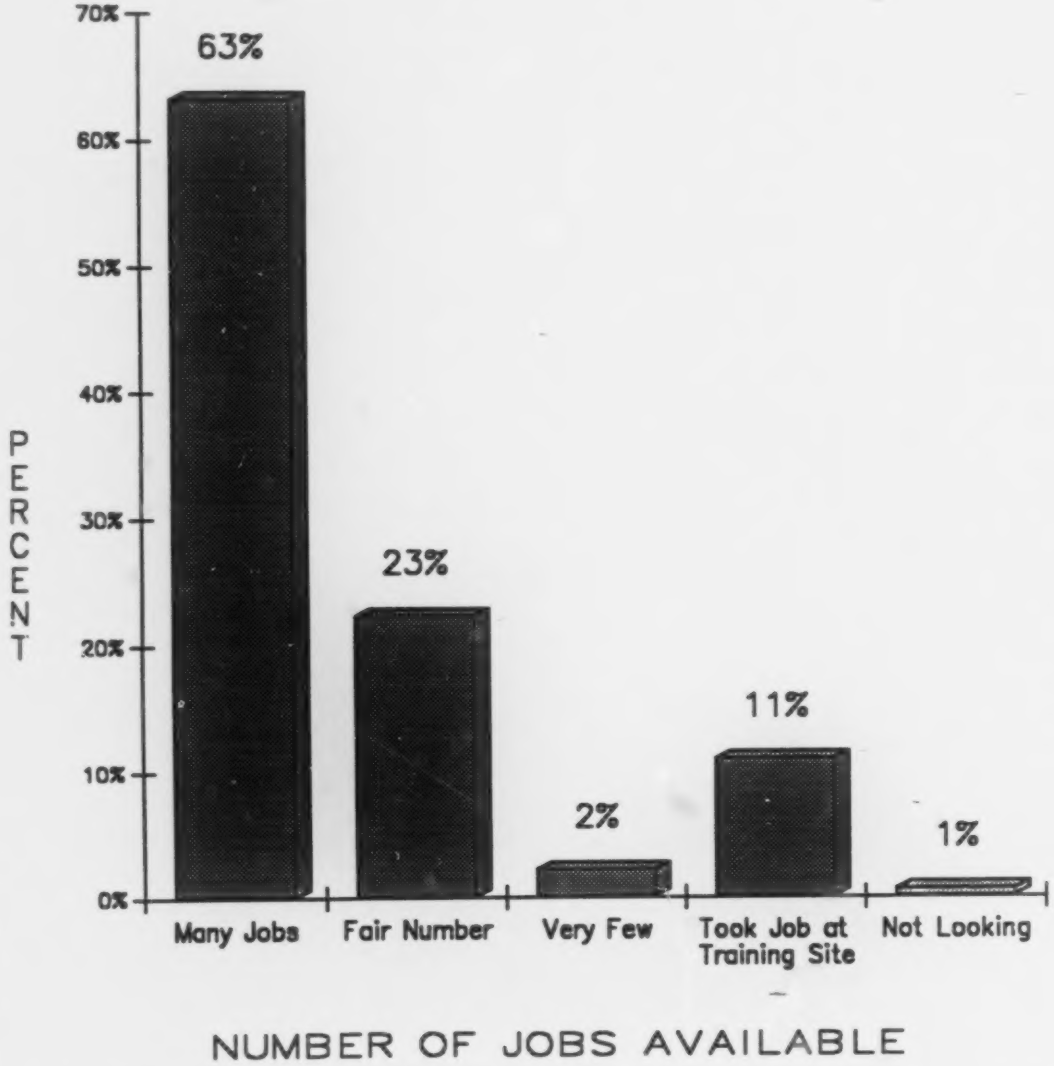
MAIN REASON WHY NEWLY LICENSED NURSES ARE NOT EMPLOYED IN NURSING
East North Central Region

Respondents most often cited "family responsibilities" as their main reason for not currently holding a nursing position.



PERCEPTIONS OF JOB AVAILABILITY OF NEWLY LICENSED NURSES, 1990

Almost two–thirds stated that "many jobs" were available when they were job–hunting indicating that demand for new RNs is strong.



PERCEPTIONS OF JOB AVAILABILITY OF NEWLY LICENSED NURSES, 1990

East North Central Region

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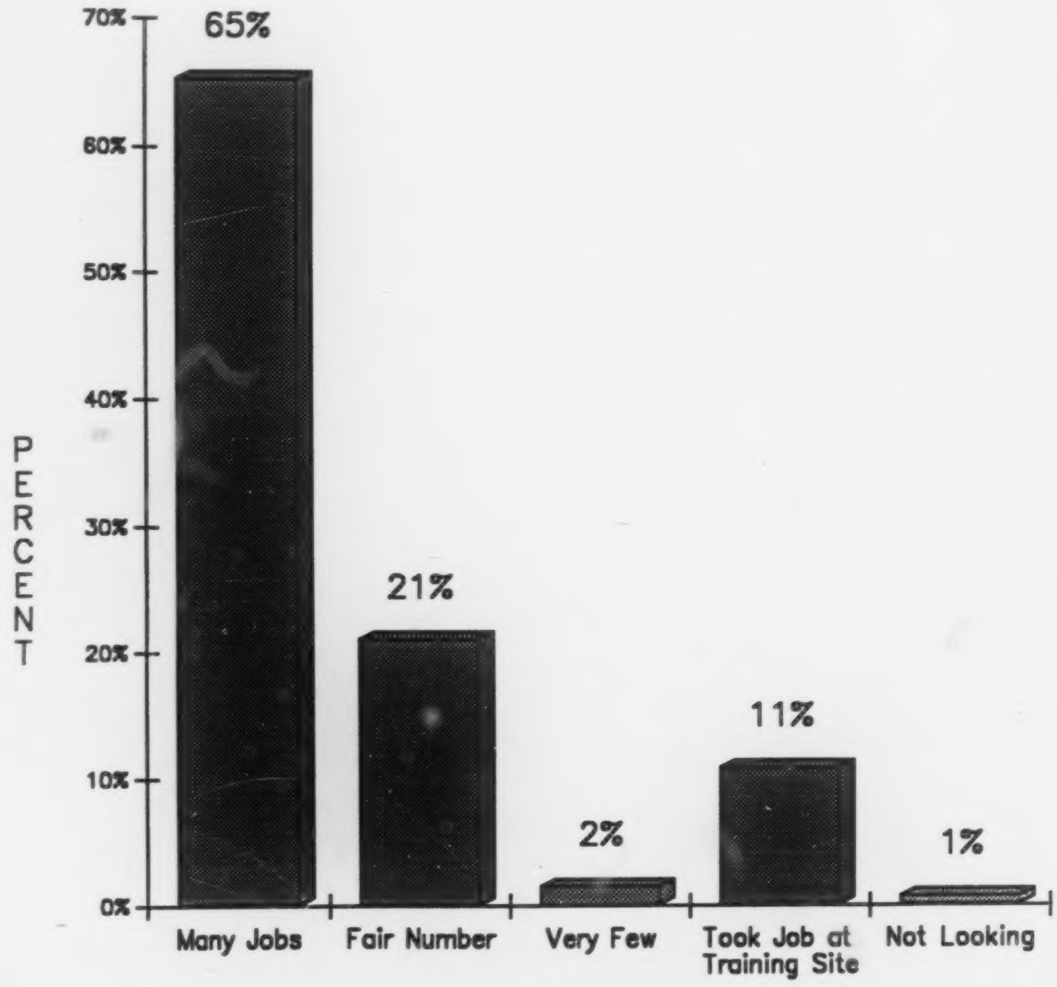
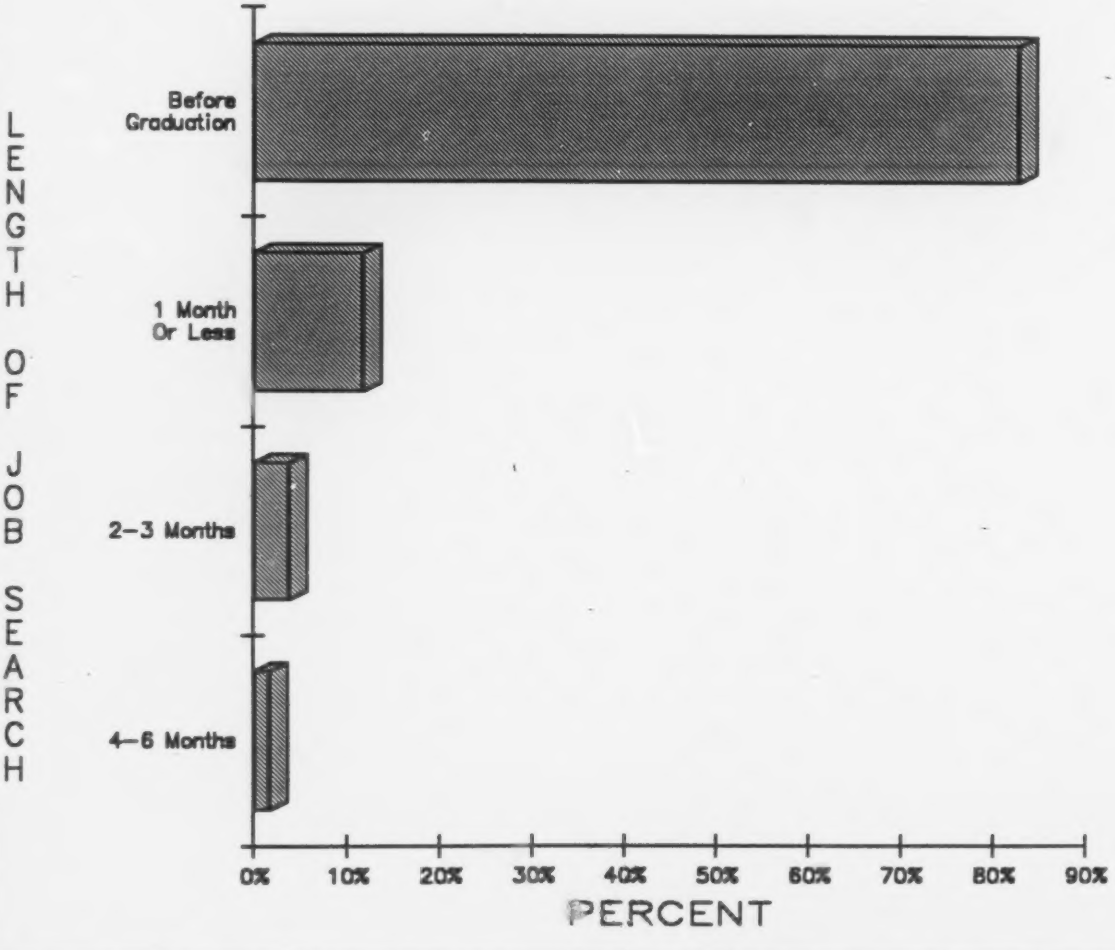


NUMBER OF JOBS AVAILABLE

LENGTH OF JOB SEARCH OF NEWLY LICENSED NURSES, 1990

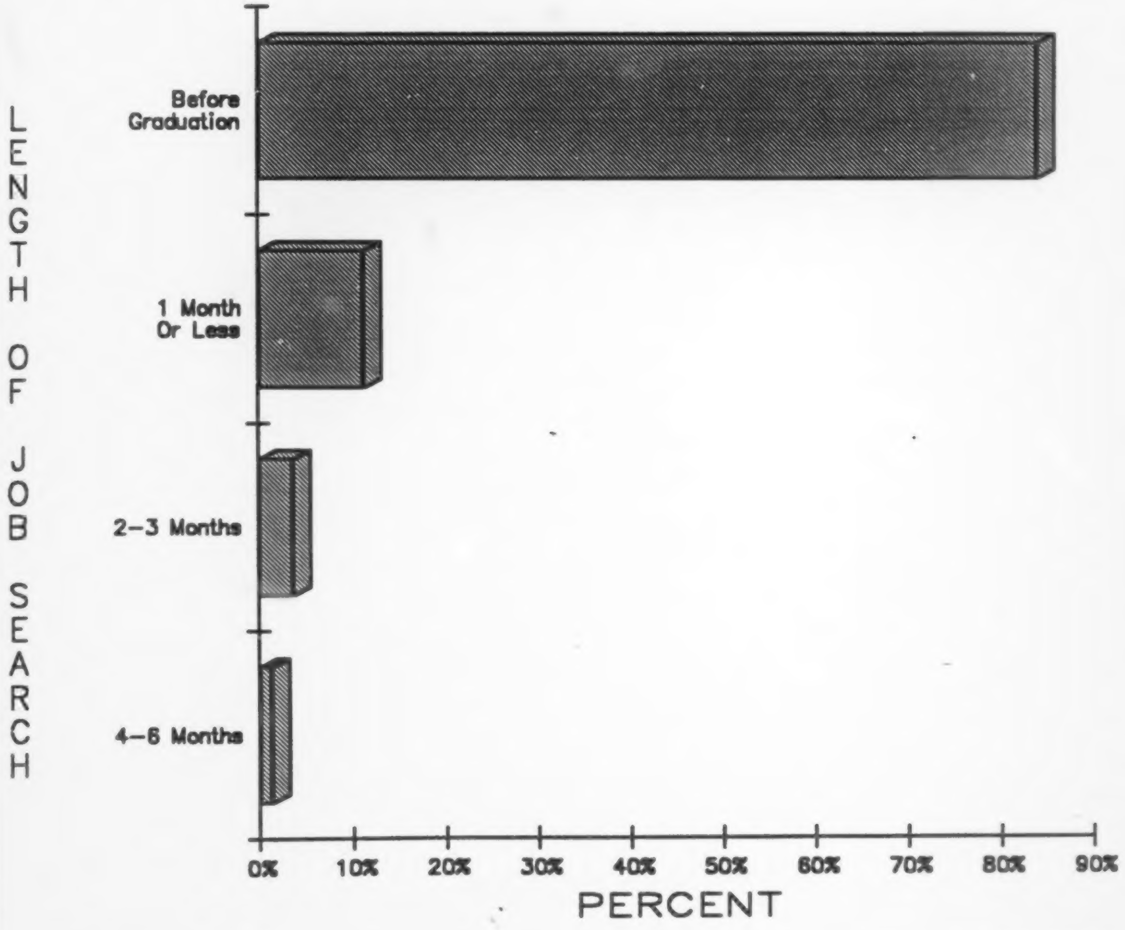
Demand for new RNs is high. Over 90% found jobs either before or within one month of graduation.



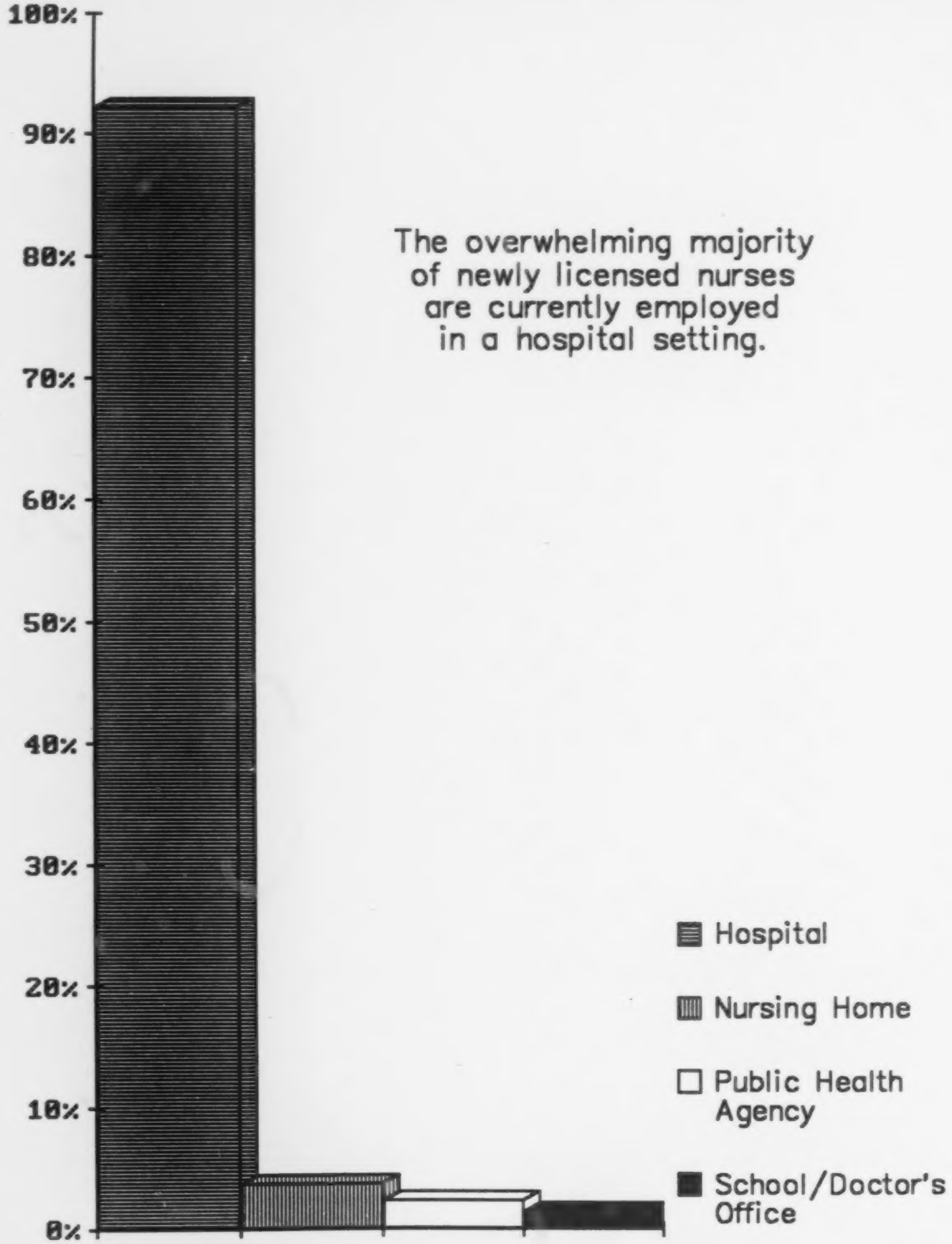
LENGTH OF JOB SEARCH OF NEWLY LICENSED NURSES, 1990

East North Central Region

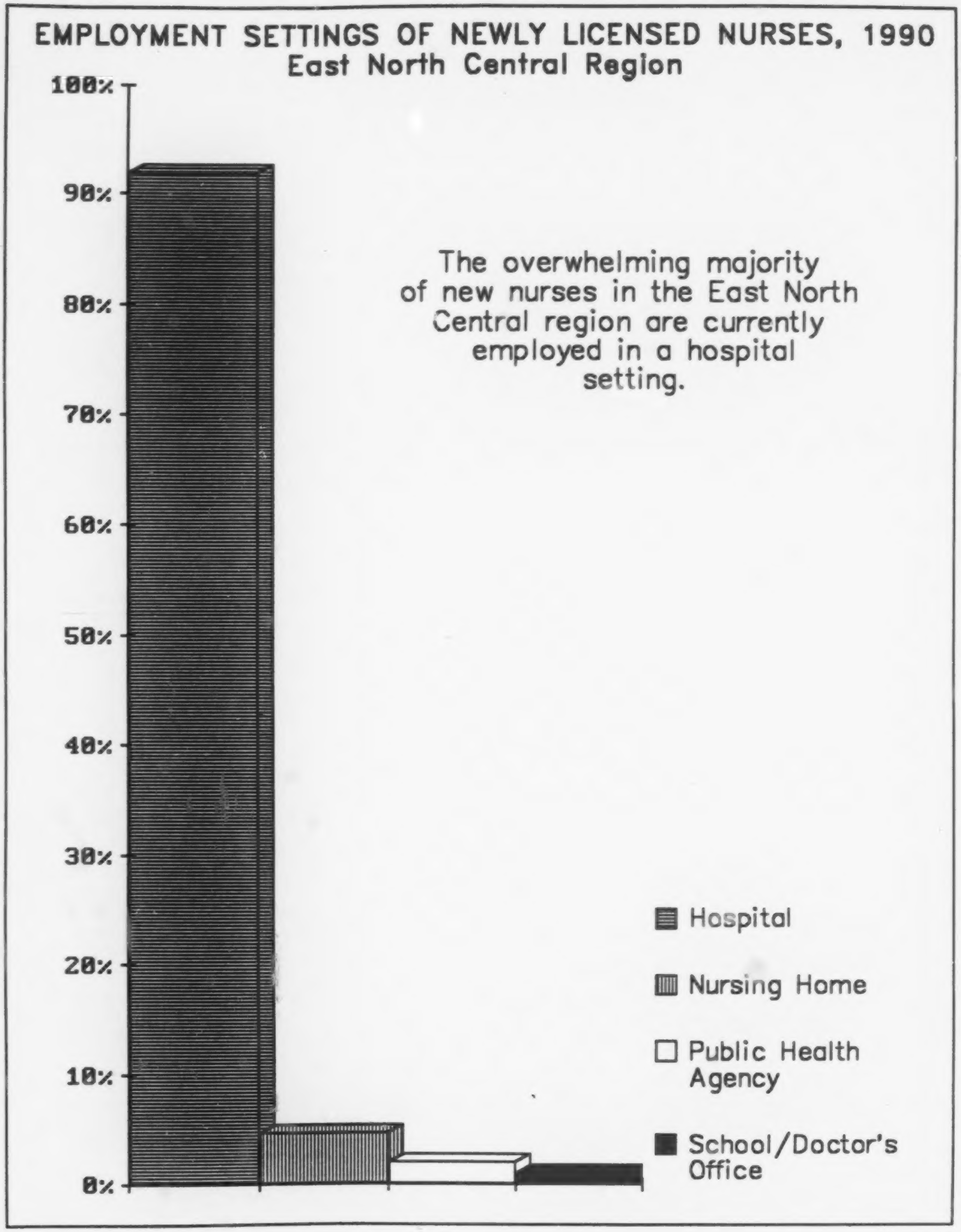
Demand for new RNs is high. Almost 84% found jobs before graduation.



EMPLOYMENT SETTINGS OF NEWLY LICENSED NURSES, 1990

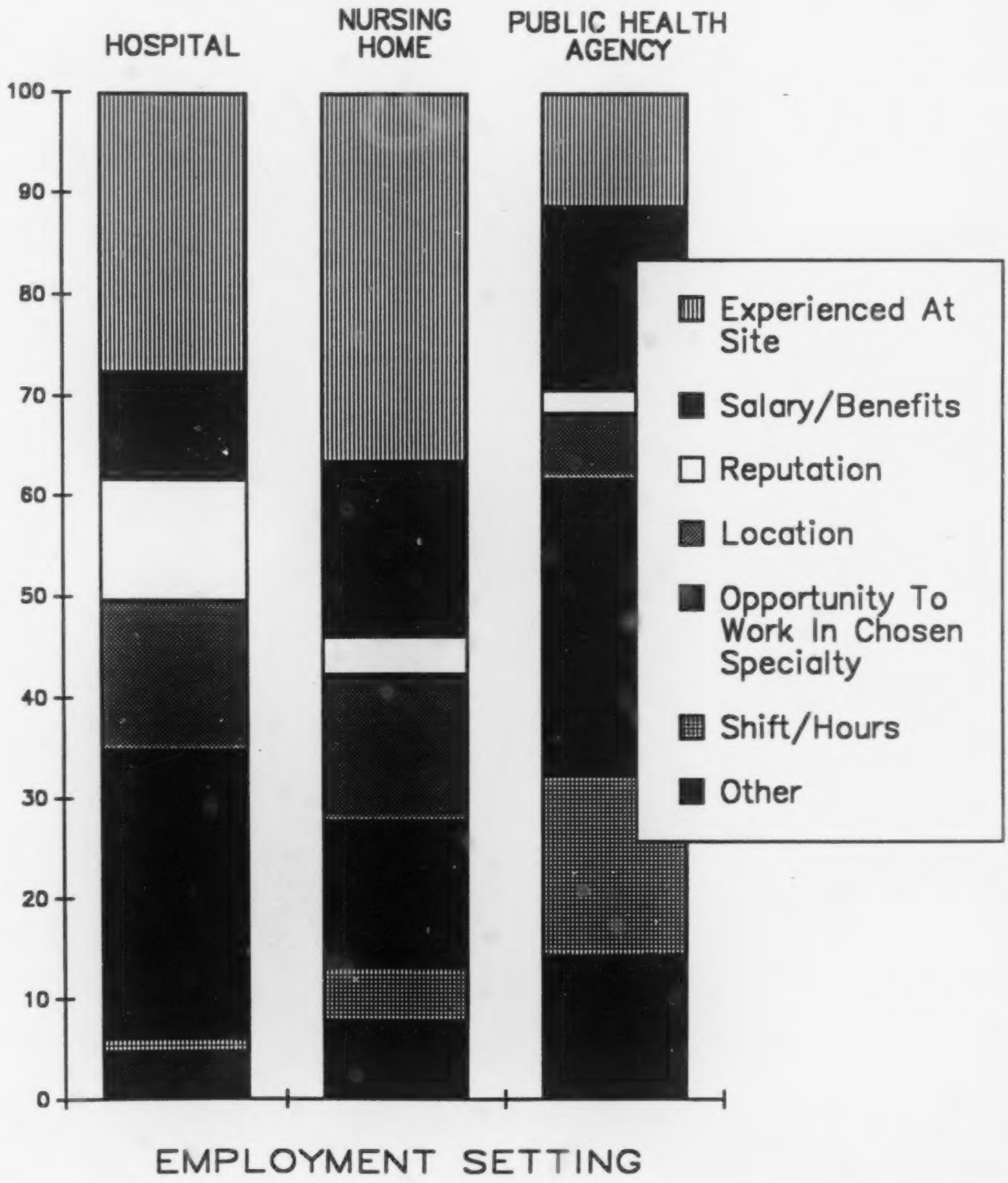


The overwhelming majority of newly licensed nurses are currently employed in a hospital setting.


EMPLOYMENT SETTINGS OF NEWLY LICENSED NURSES, 1990
East North Central Region
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
The overwhelming majority of new nurses in the East North Central region are currently employed in a hospital setting.
Hospital
Nursing Home
Public Health Agency
School/Doctor's Office

REASONS FOR CHOOSING CURRENT POSITION BY EMPLOYMENT SETTING, 1990

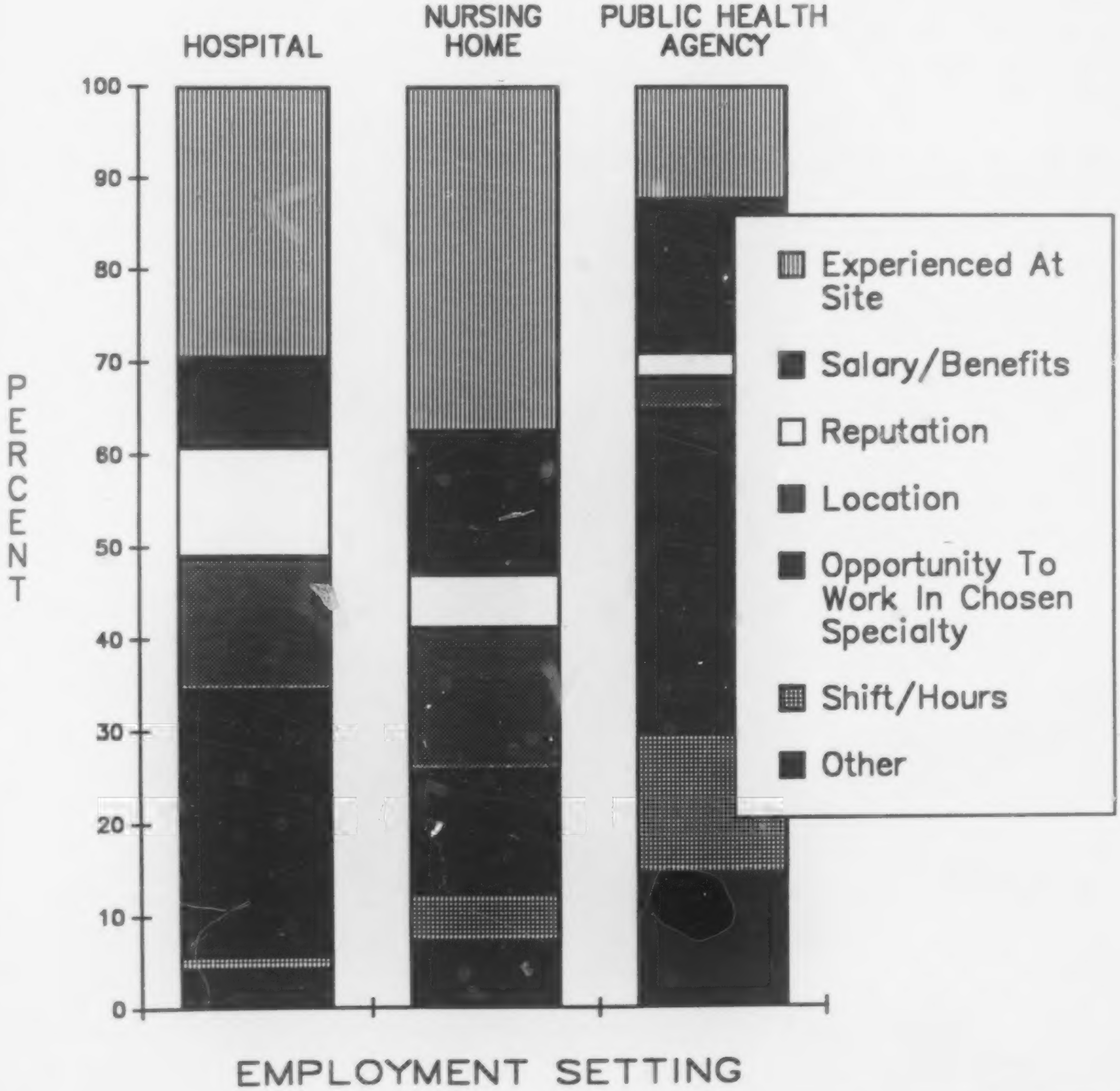
A plurality of new RNs in hospitals and public health agencies chose their position to work in their chosen specialty. Those working in nursing homes chose their position because of prior experience at the site.



REASONS FOR CHOOSING CURRENT POSITION BY EMPLOYMENT SETTING, 1990

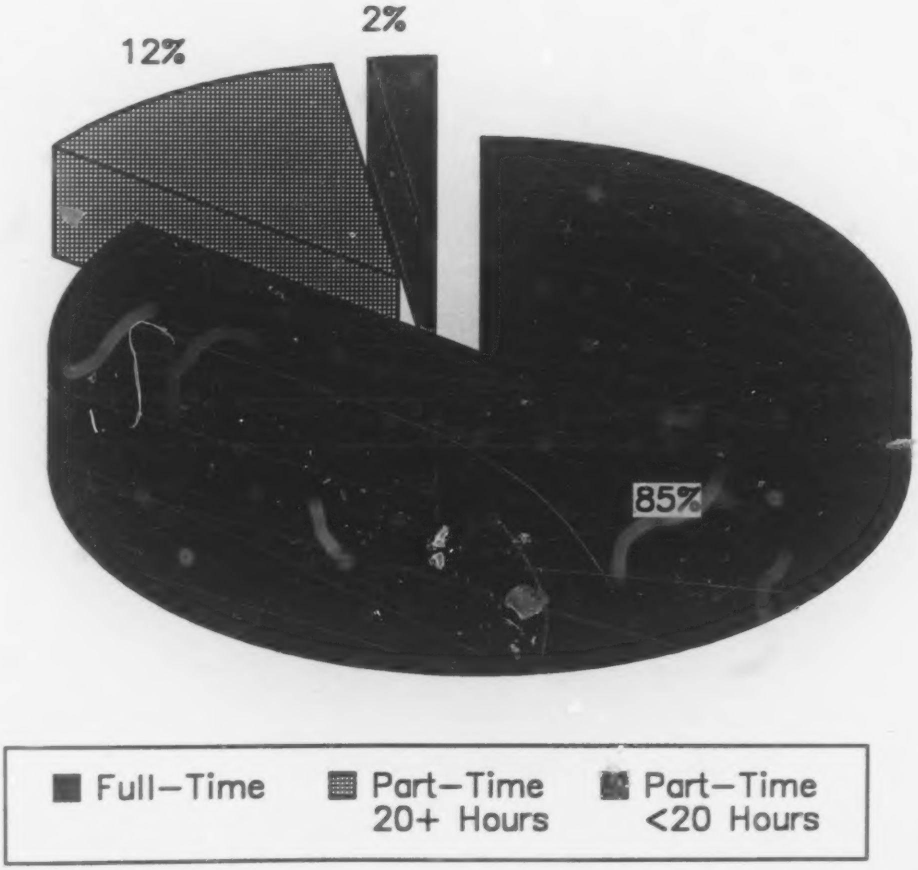
East North Central Region

The most frequently cited reasons for job selection are "prior experience at institution" and "opportunity to work in specialty".



ACTIVITY STATUS OF NEWLY LICENSED NURSES, 1990

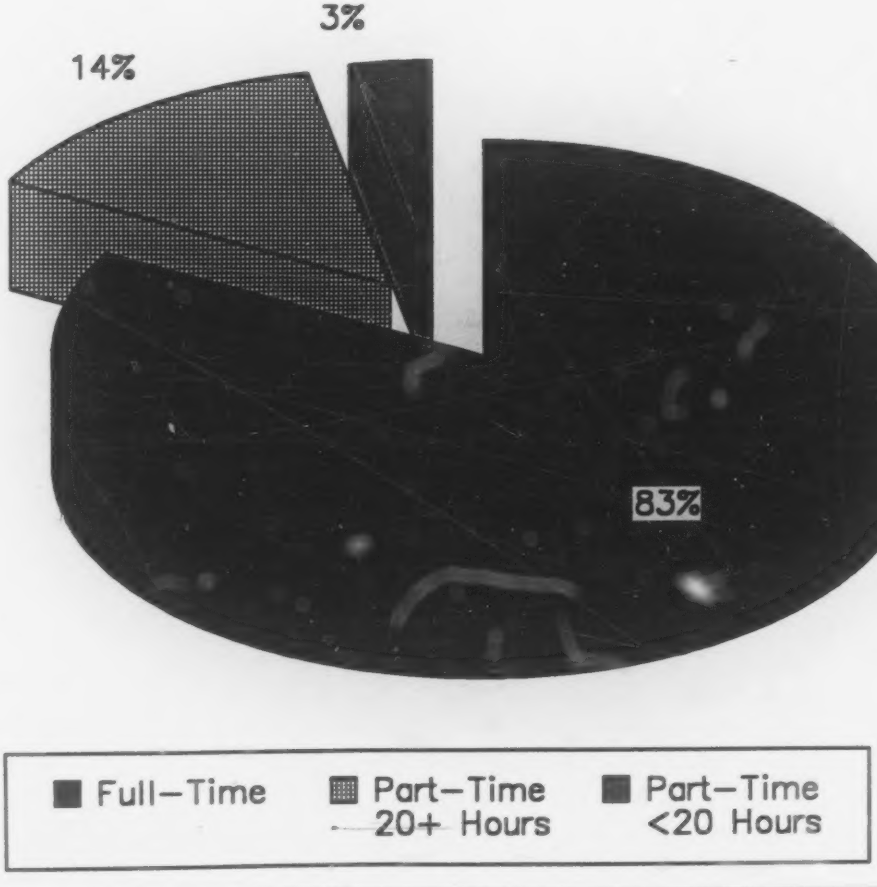
A great majority of new RNs work full-time. Only 2% work less than 20 hours per week.



ACTIVITY STATUS OF NEWLY LICENSED NURSES, 1990

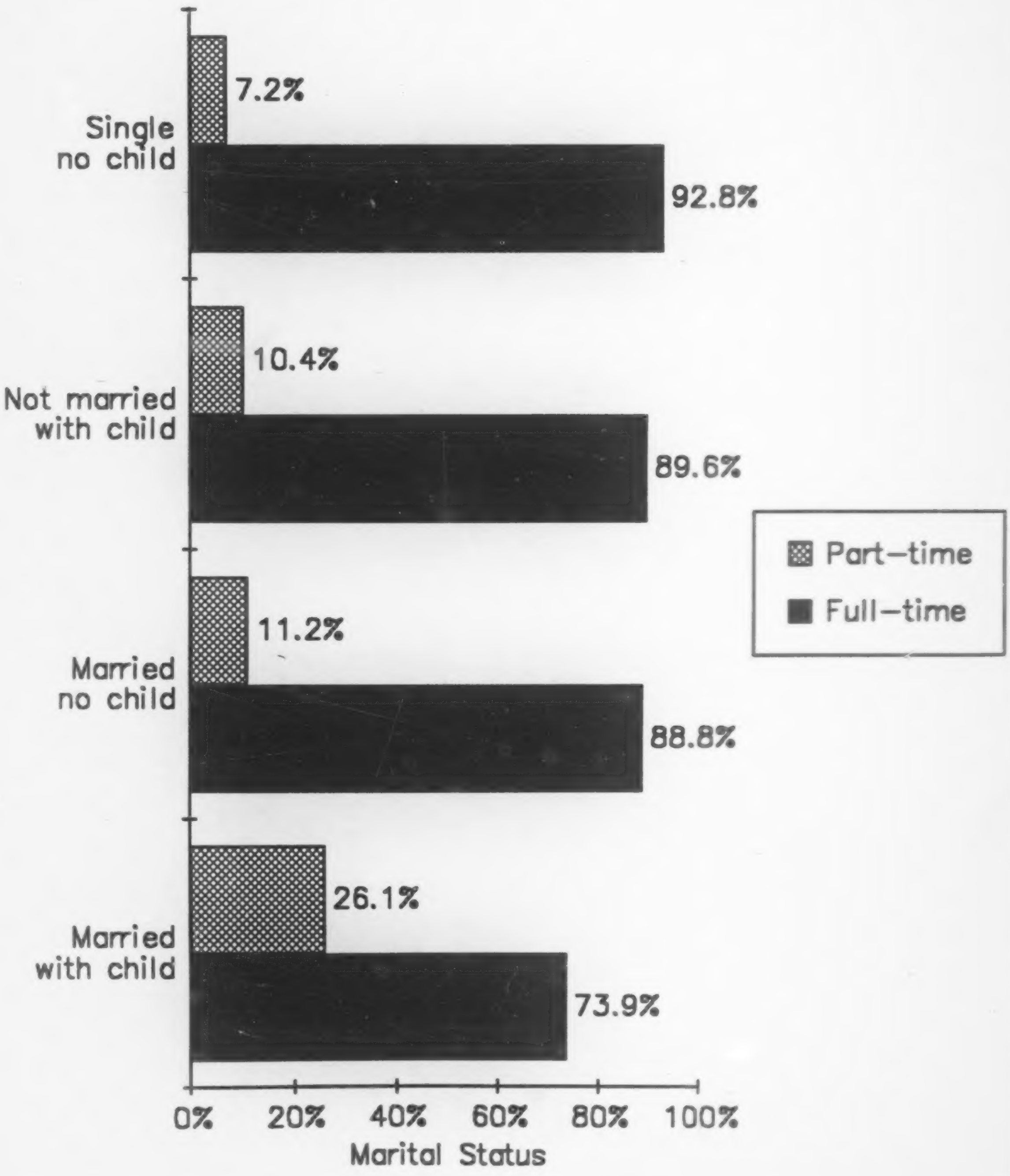
East North Central Region

A great majority of new RNs in the East North Central region work full-time.



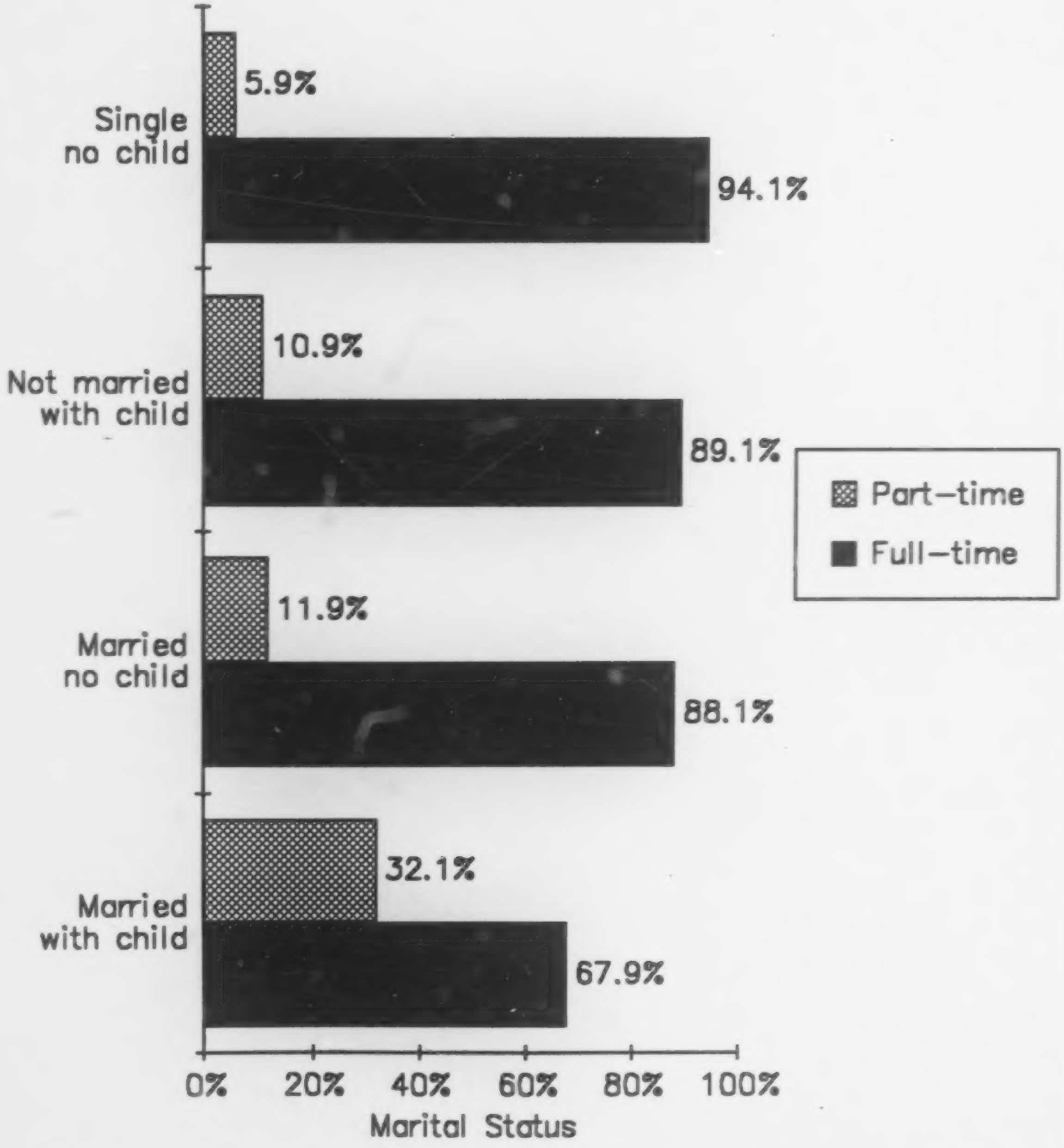
Activity Status of Newly Licensed Nurses by Marital Status

A large majority of new nurses work full-time.



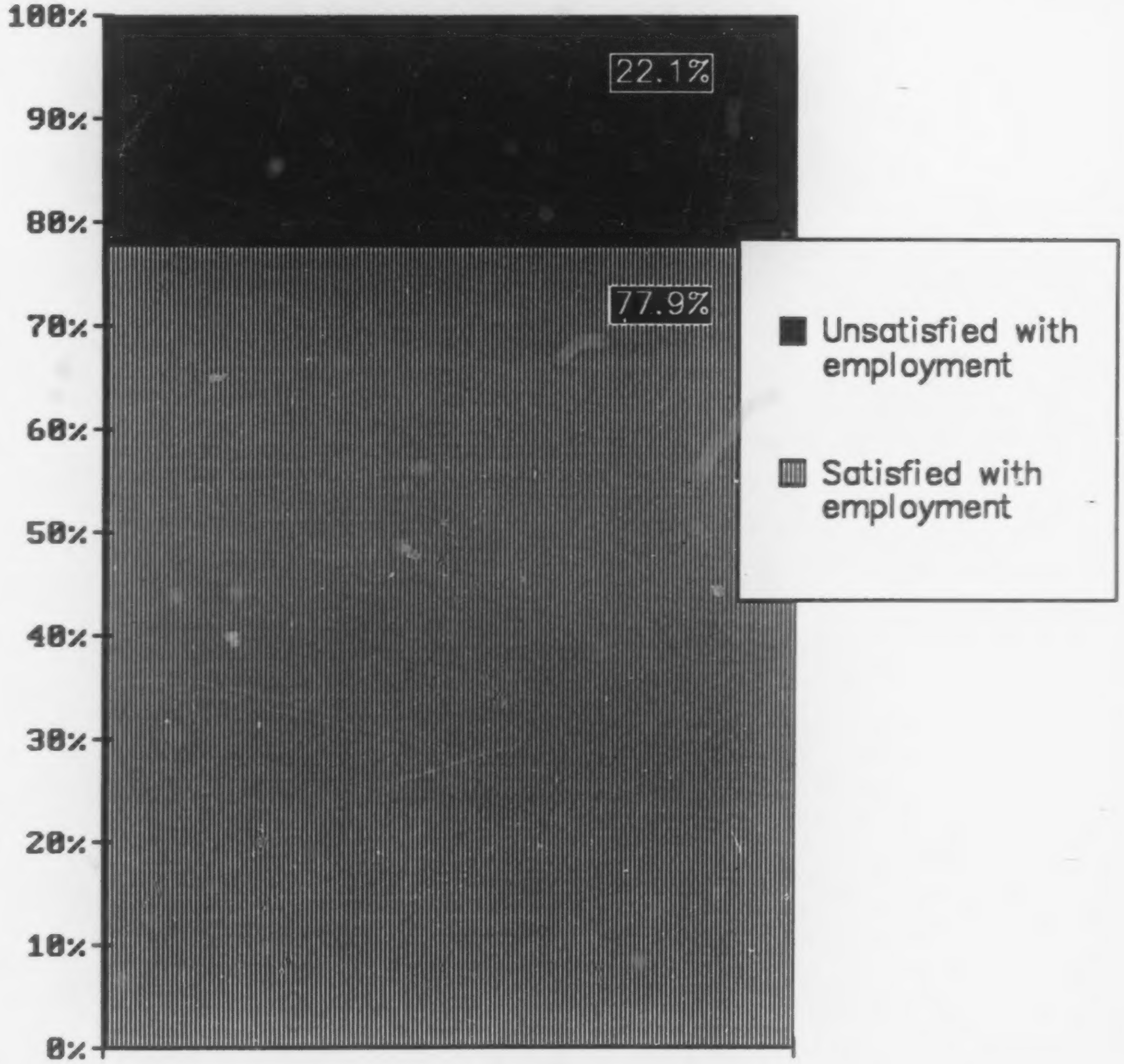
Activity Status of Newly Licensed Nurses by Marital Status
East North Central Region

A majority of new nurses work full-time.



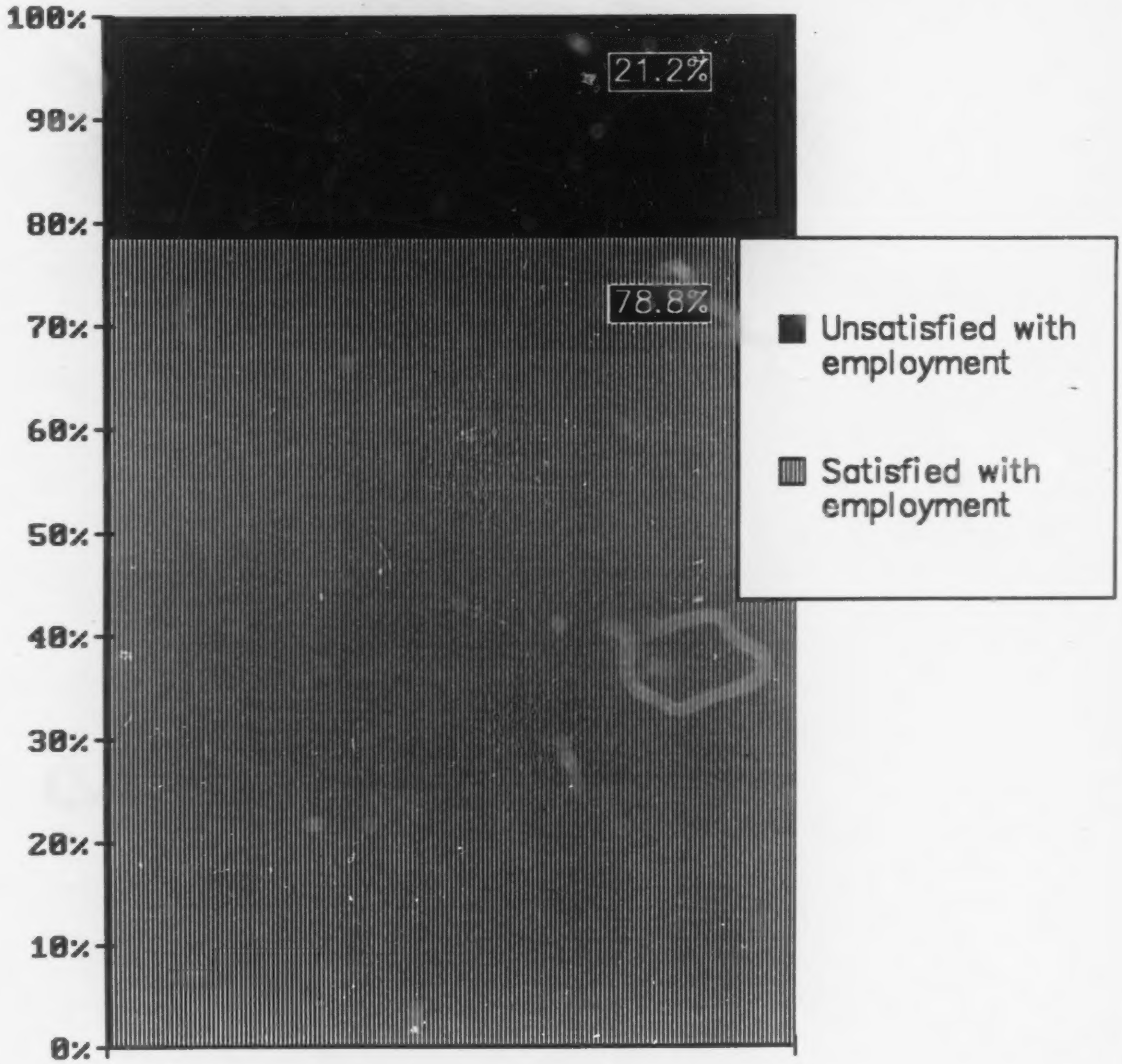
EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES

A high proportion of new nurses (77.9%) are satisfied with their employment



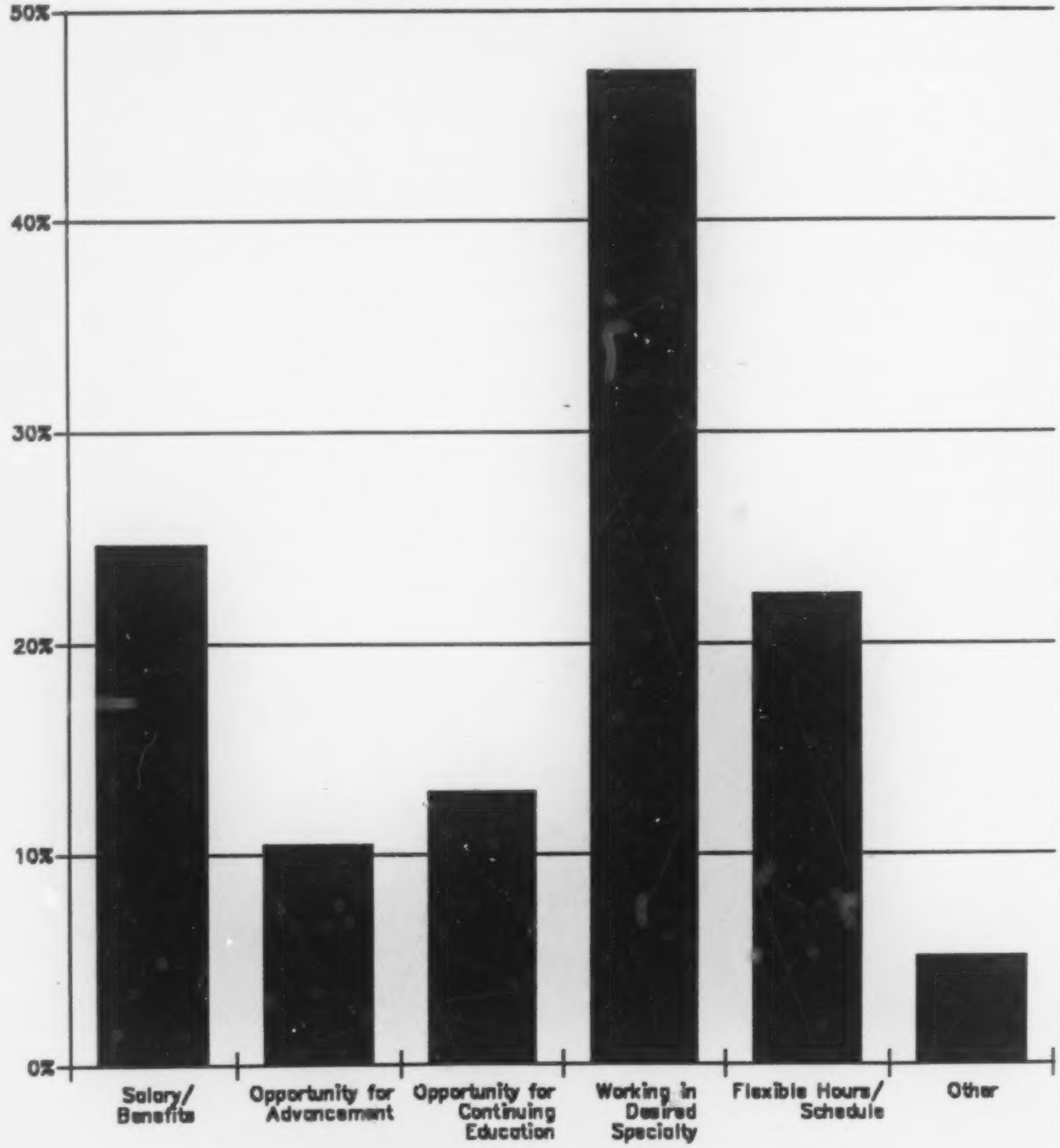
EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES
East North Central Region

A high proportion of new nurses (78.8%) are satisfied with their employment in the East North Central region.



MAIN SOURCE OF JOB SATISFACTION OF NEWLY LICENSED NURSES, 1990

Respondents most often cited "working in desired specialty" as their main source of satisfaction.

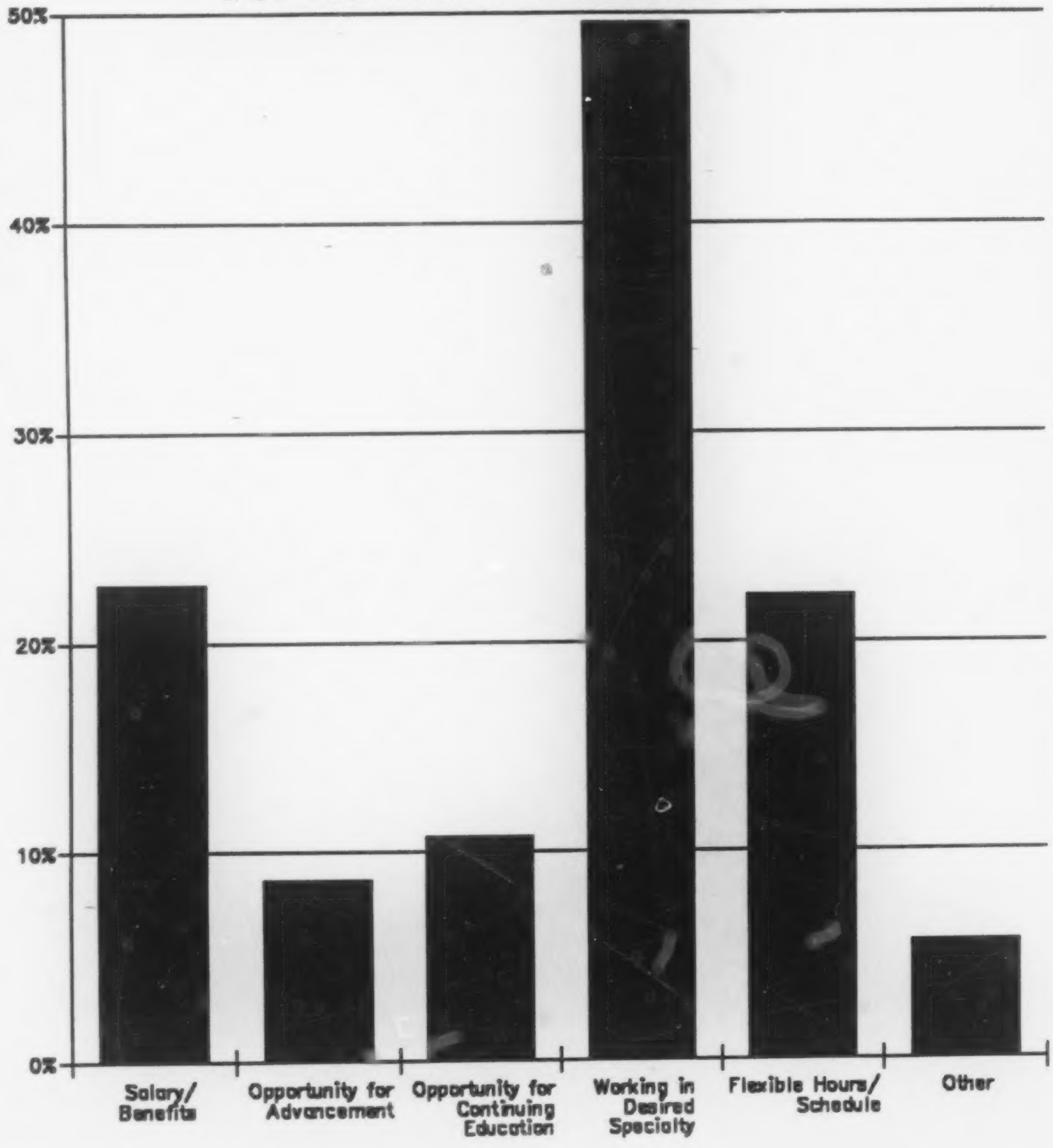


*Multiple responses were allowed for this question. Therefore, the sum of all responses will be greater than 100 percent.

MAIN SOURCE OF JOB SATISFACTION OF NEWLY LICENSED NURSES, 1990

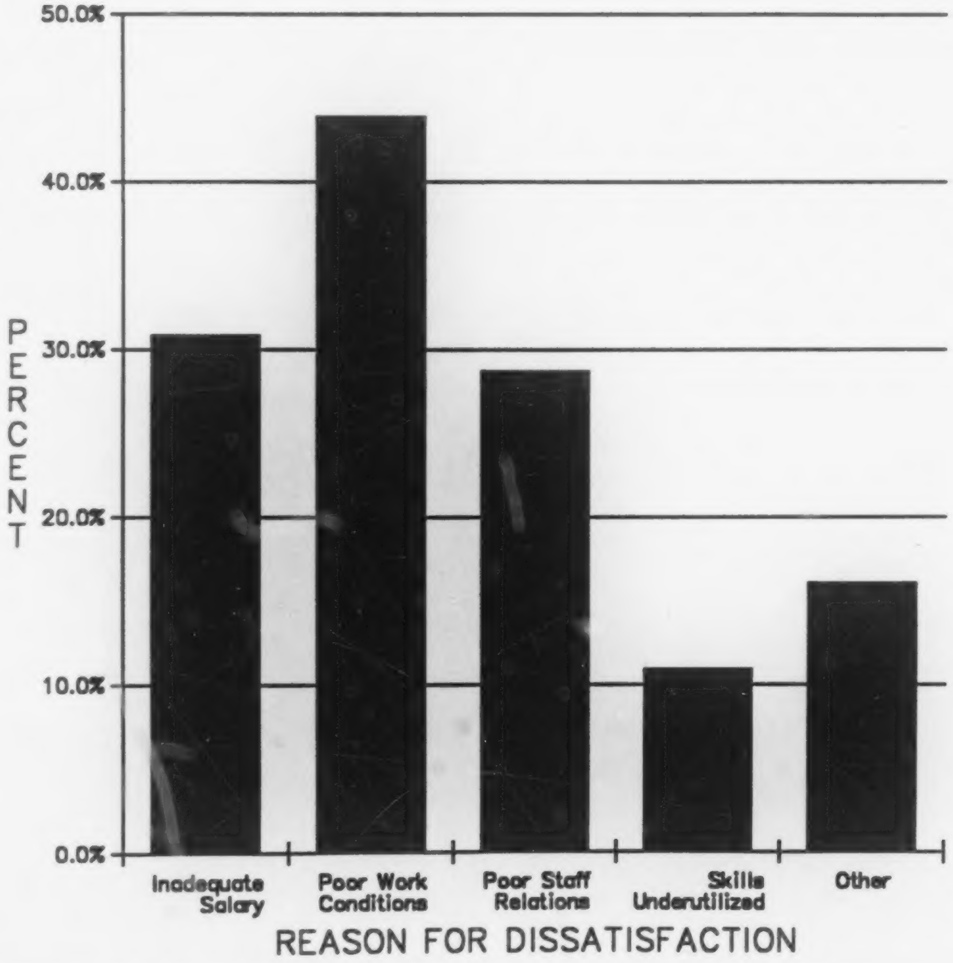
East North Central Region

Respondents most often cited
"working in desired specialty" as
their main source of satisfaction.



MAIN SOURCE OF JOB DISSATISFACTION BY NEWLY LICENSED NURSES

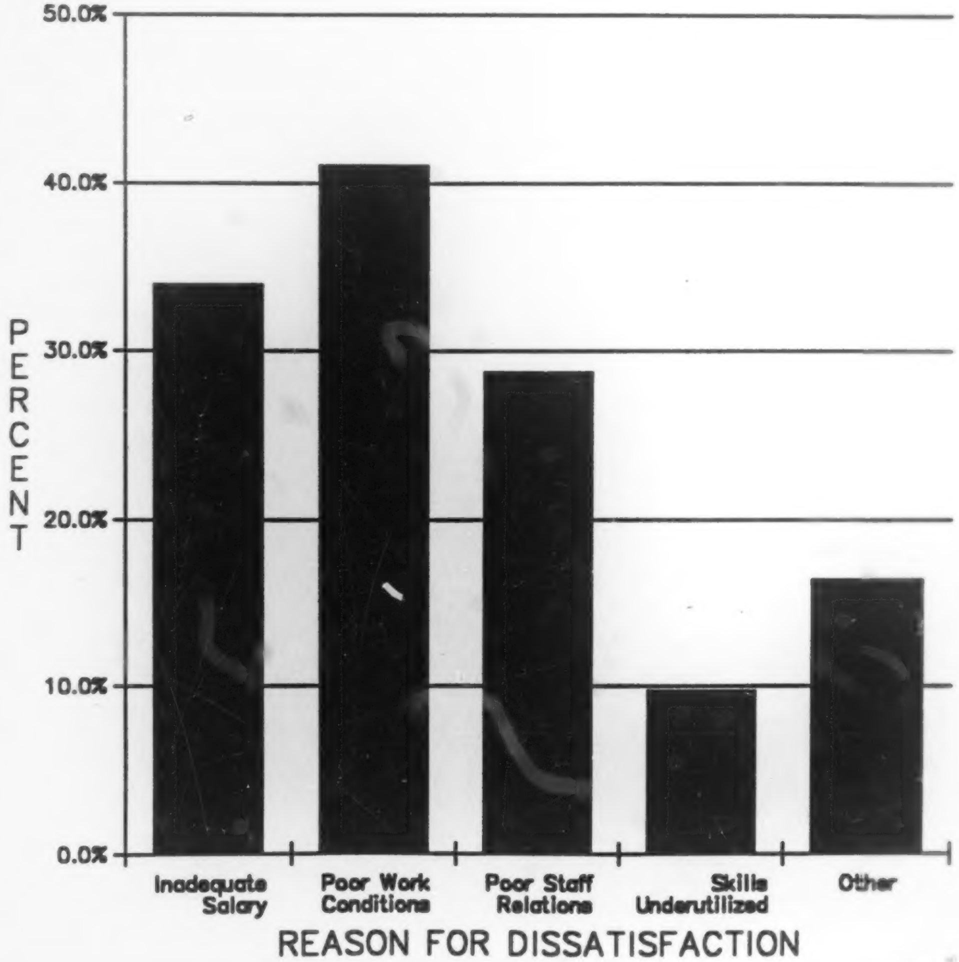
"Poor working conditions" was most often cited as a source of job dissatisfaction, followed by"inadequate salary" and "poor staff relations."



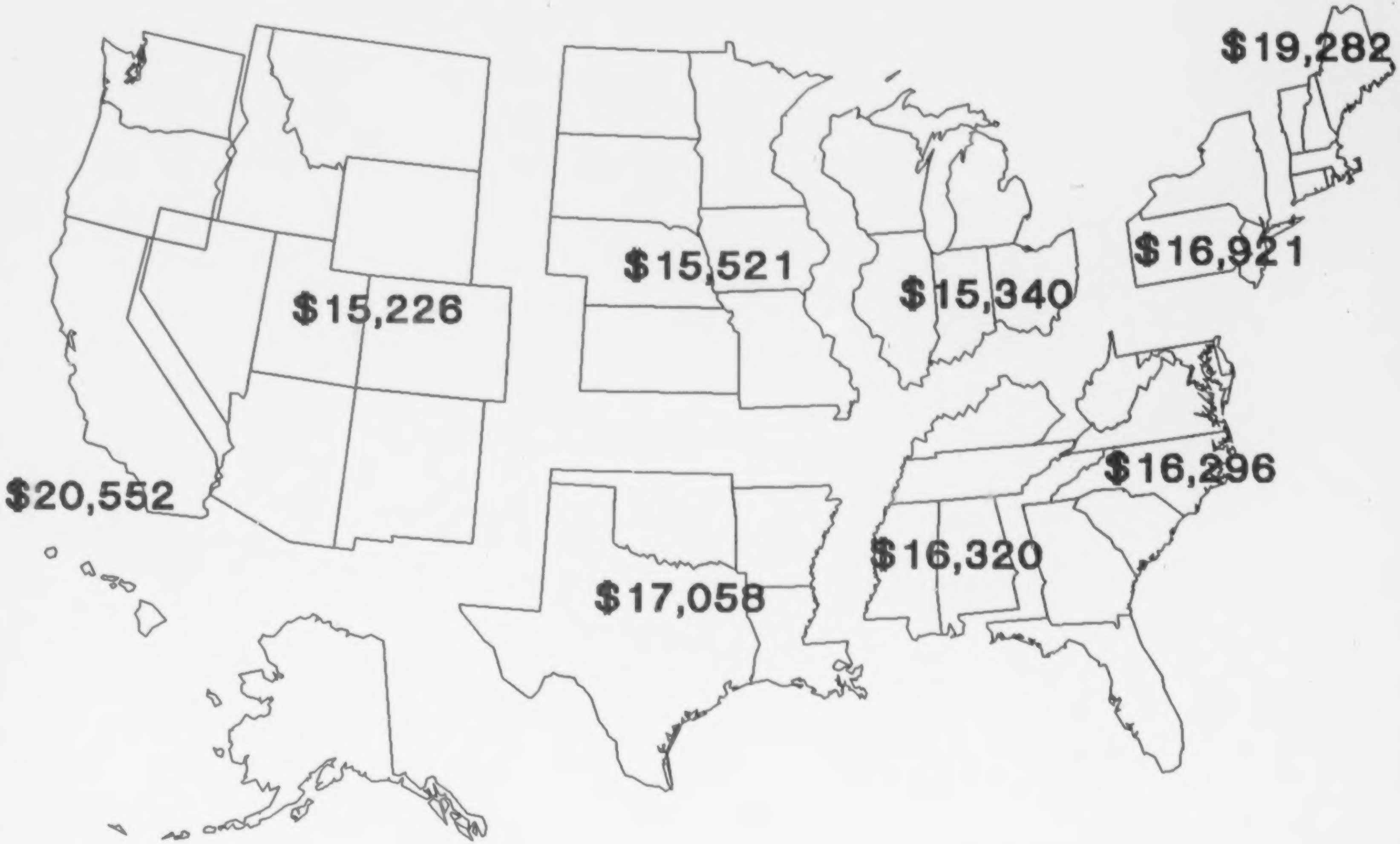
MAIN SOURCE OF JOB DISSATISFACTION AMONG NEWLY LICENSED NURSES, 1990

East North Central Region

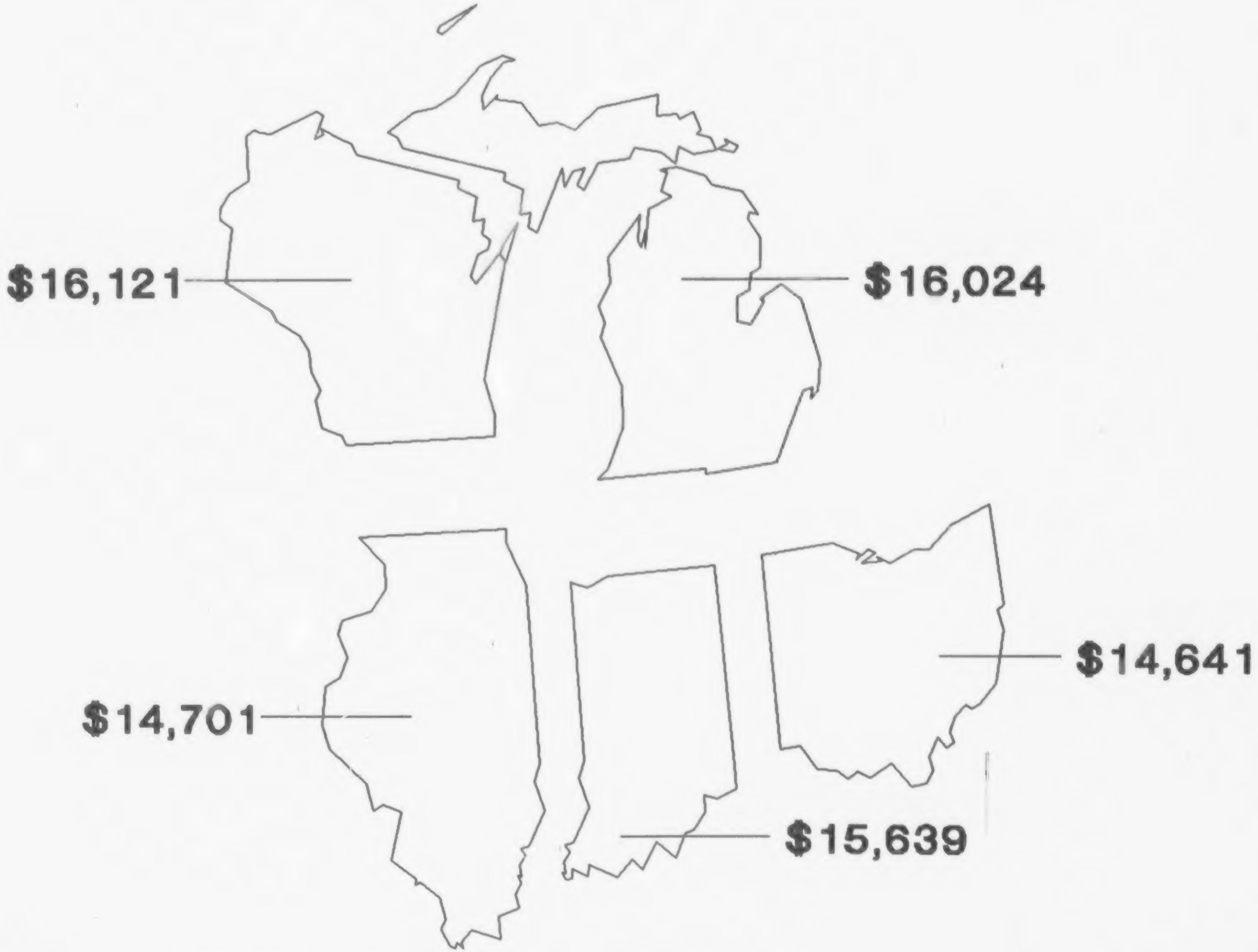
"Poor working conditions" was ranked highest as a source of job dissatisfaction. "Inadequate salary" ranked second and "poor staff relations" third.



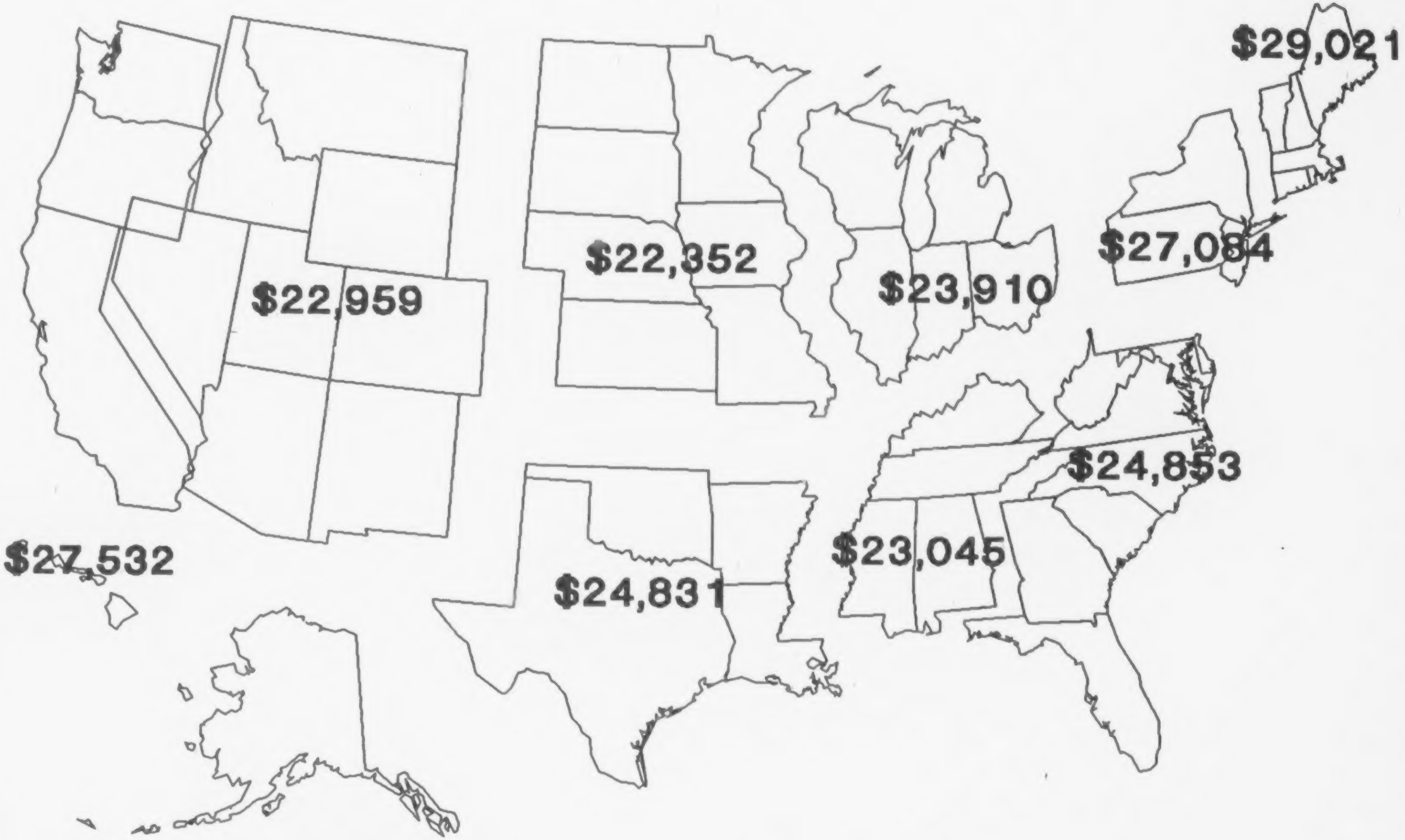
Mean Part-Time Salaries


$19,282
$16,921
$15,521
$15,340
$15,226
$20,552
$16,296
$16,320
$17,058

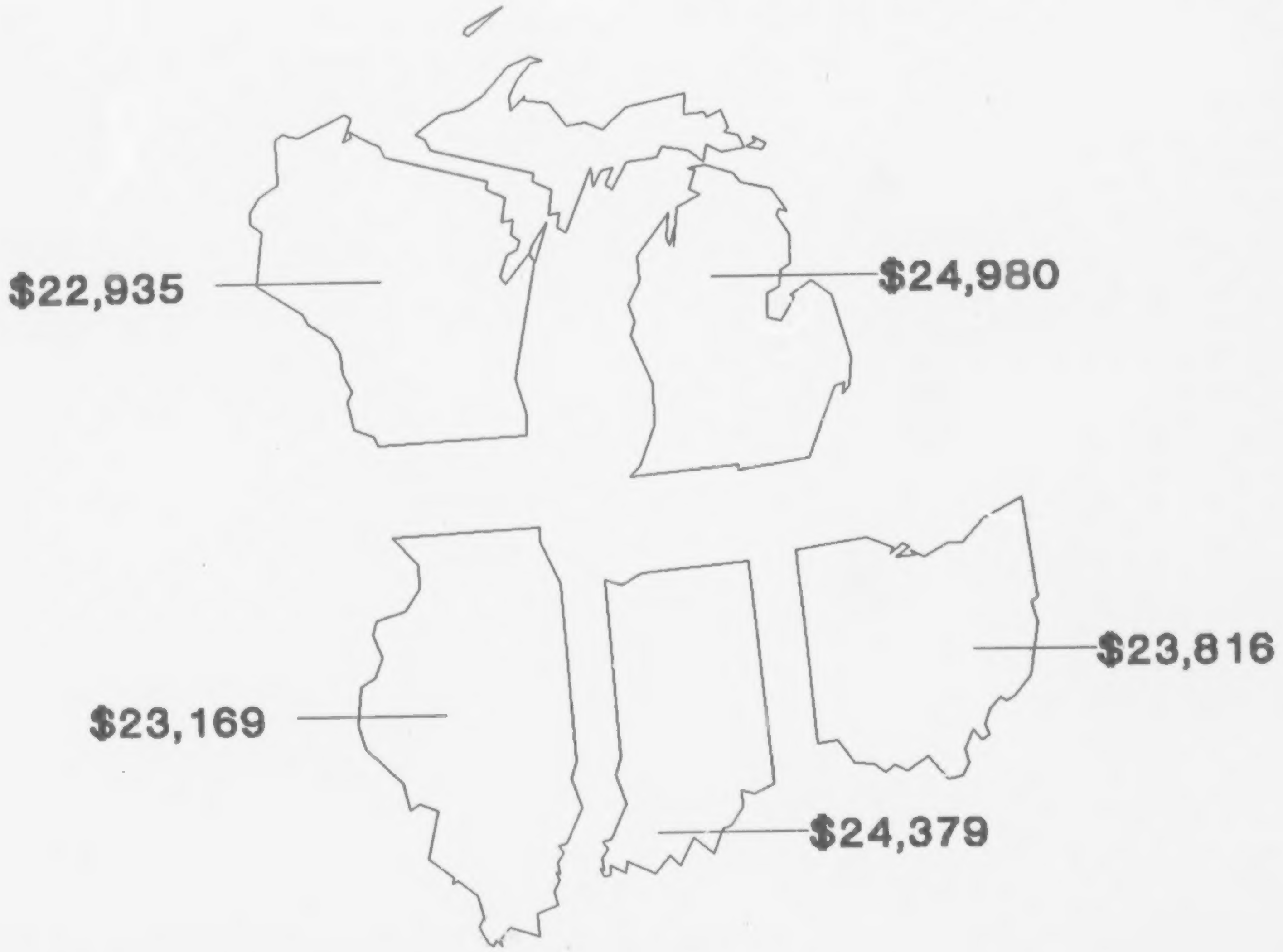
Mean Part-time Salaries
East North Central

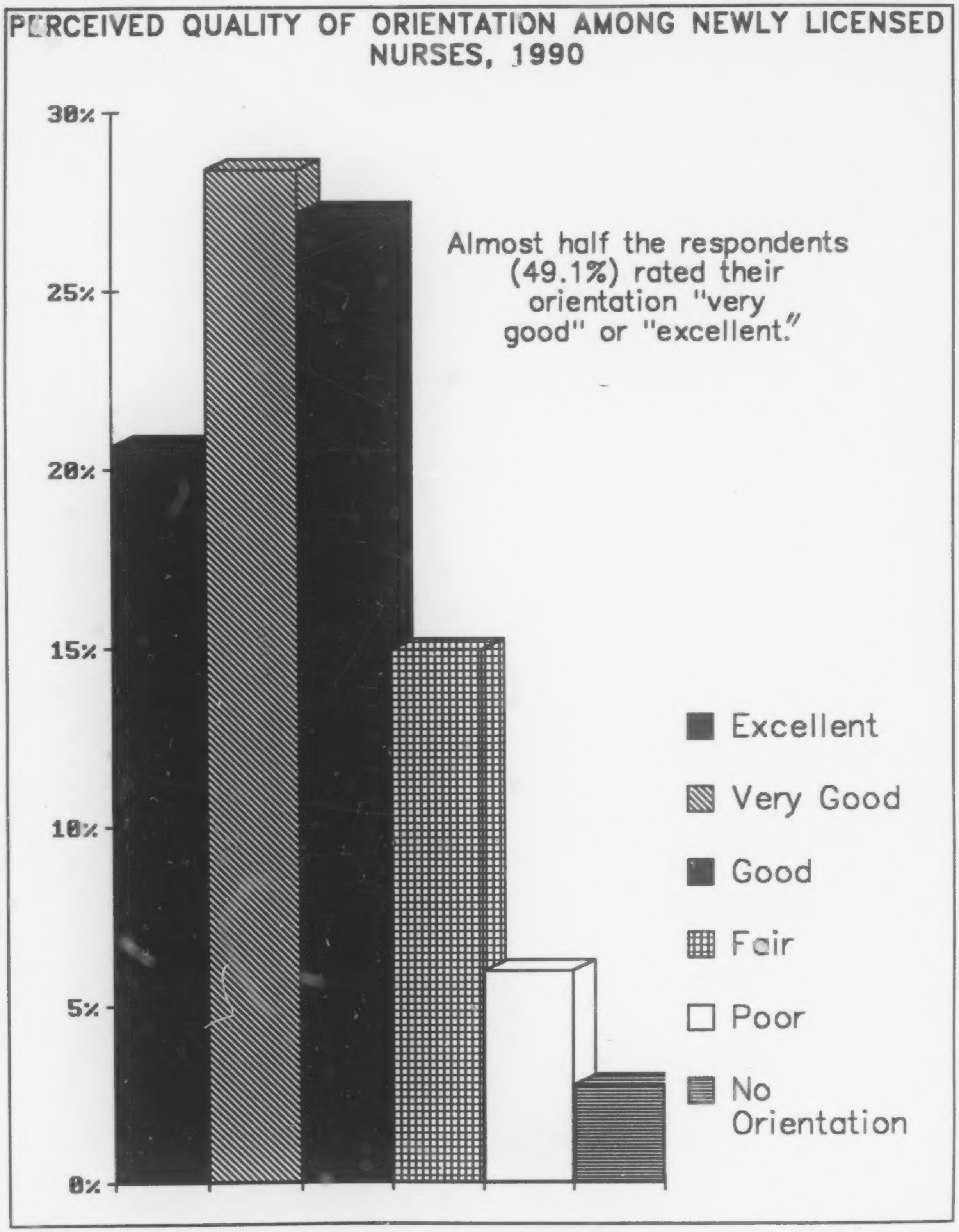

$16,121
$16,024
$14,641
$14,701
$15,639

Mean Full-time Salaries


$29,021
$27,084
$22,352
$23,910
$22,959
$24,853
$27,532
$23,045
$24,831

Mean Full-time Salaries
East North Central

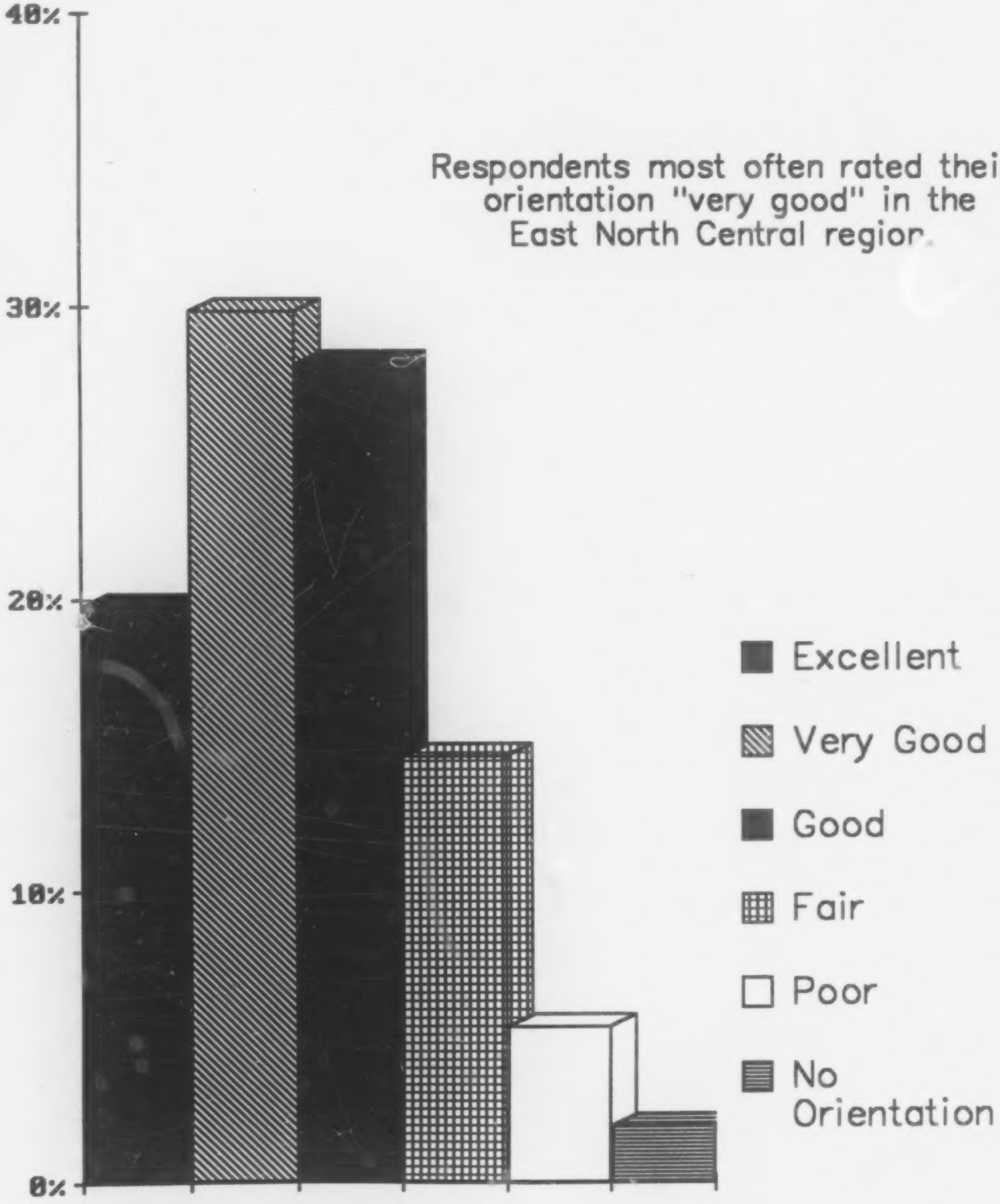

$22,935
$24,980
$23,816
$23,169
$24,379



PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES, 1990

Almost half the respondents (49.1%) rated their orientation "very good" or "excellent."

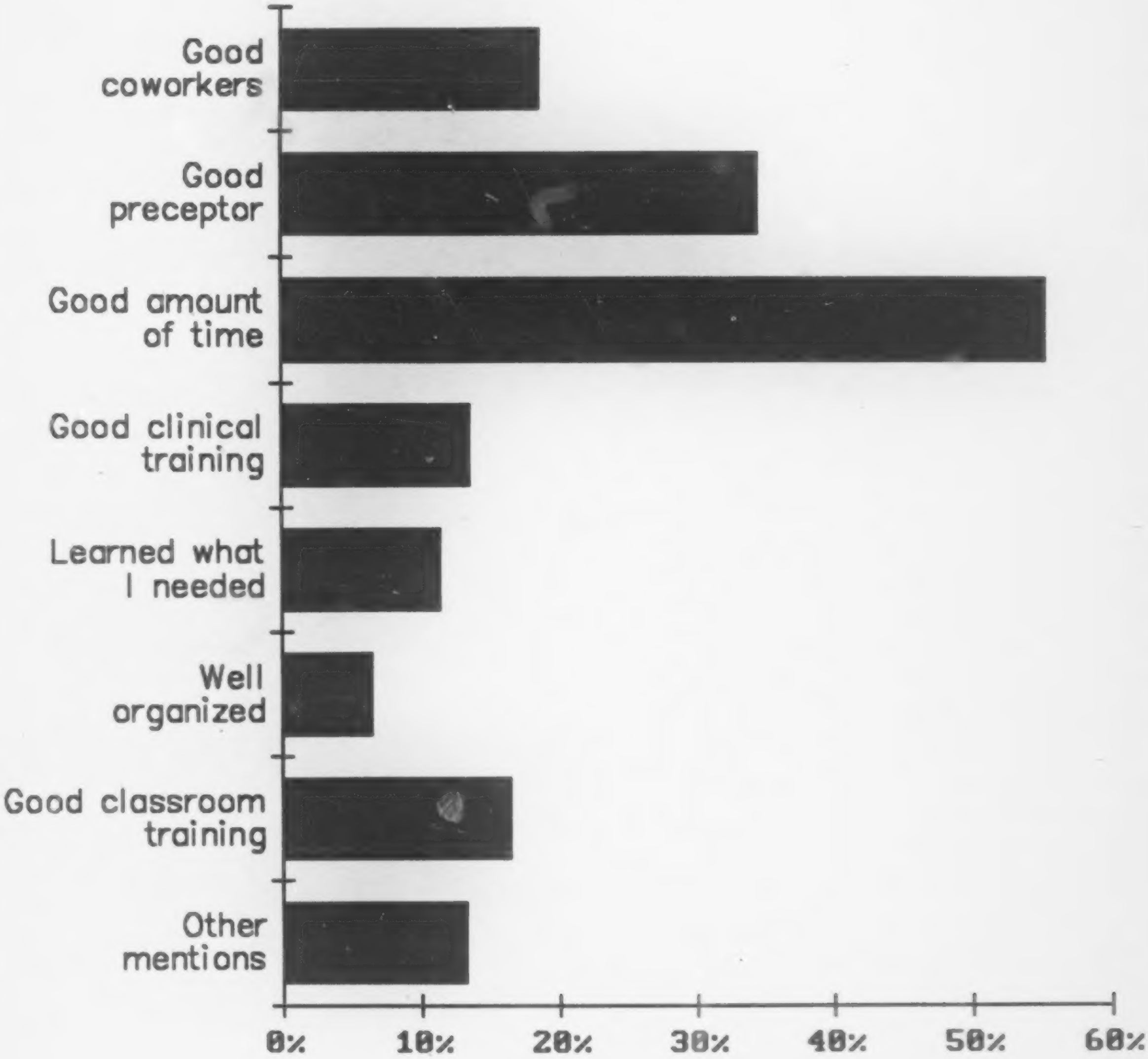
PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES, 1990
East North Central Region



Respondents most often rated their orientation "very good" in the East North Central region.

*Positive Evaluation of Orientations Among Newly Licensed Nurses

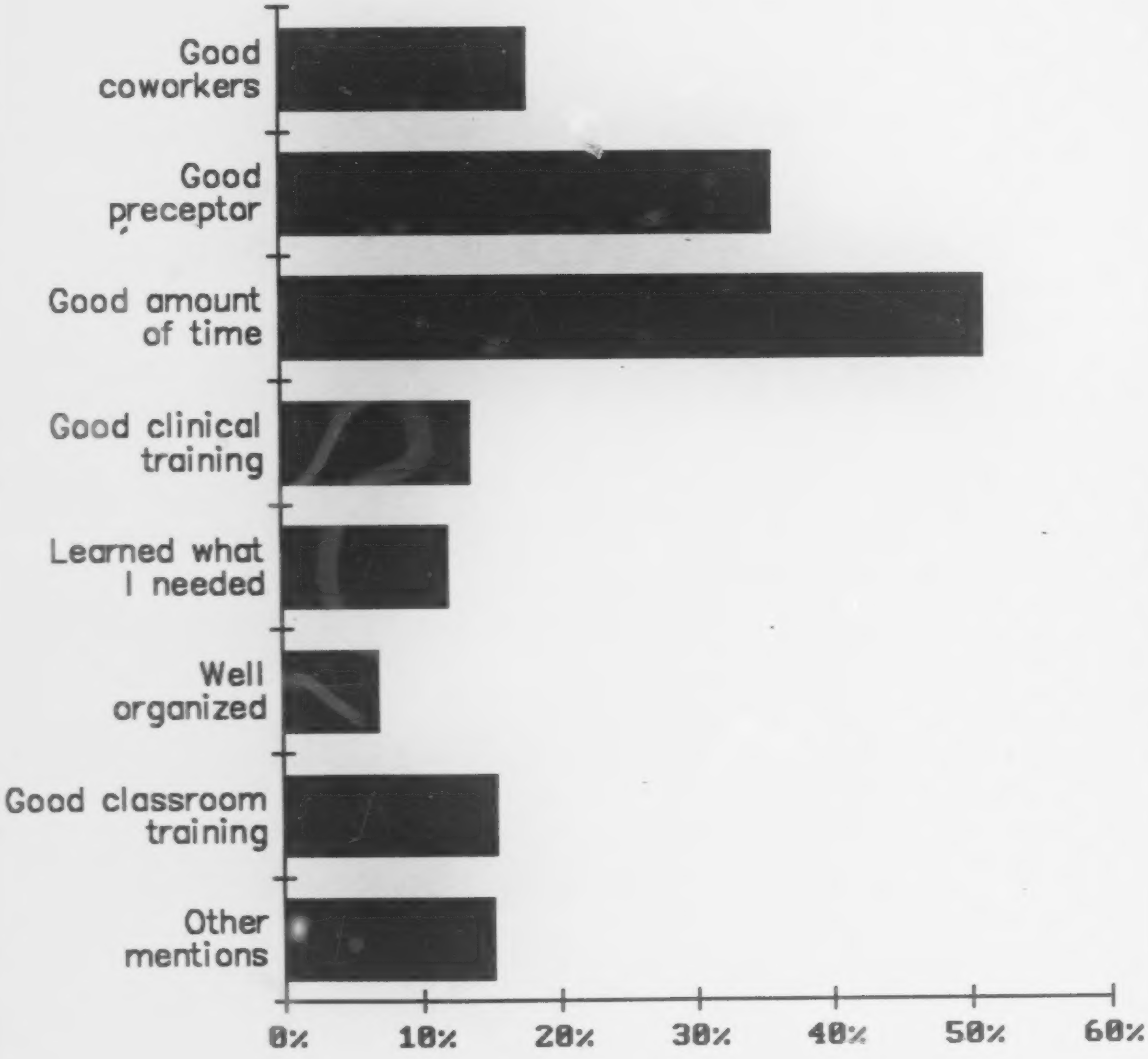
New nurses most often cited "good amount of time" as a reason for their positive evaluation.



*Multiple responses were allowed for this question.
Therefore, the sum of all responses will be
greater than 100 percent.
*Positive = excellent and very good.

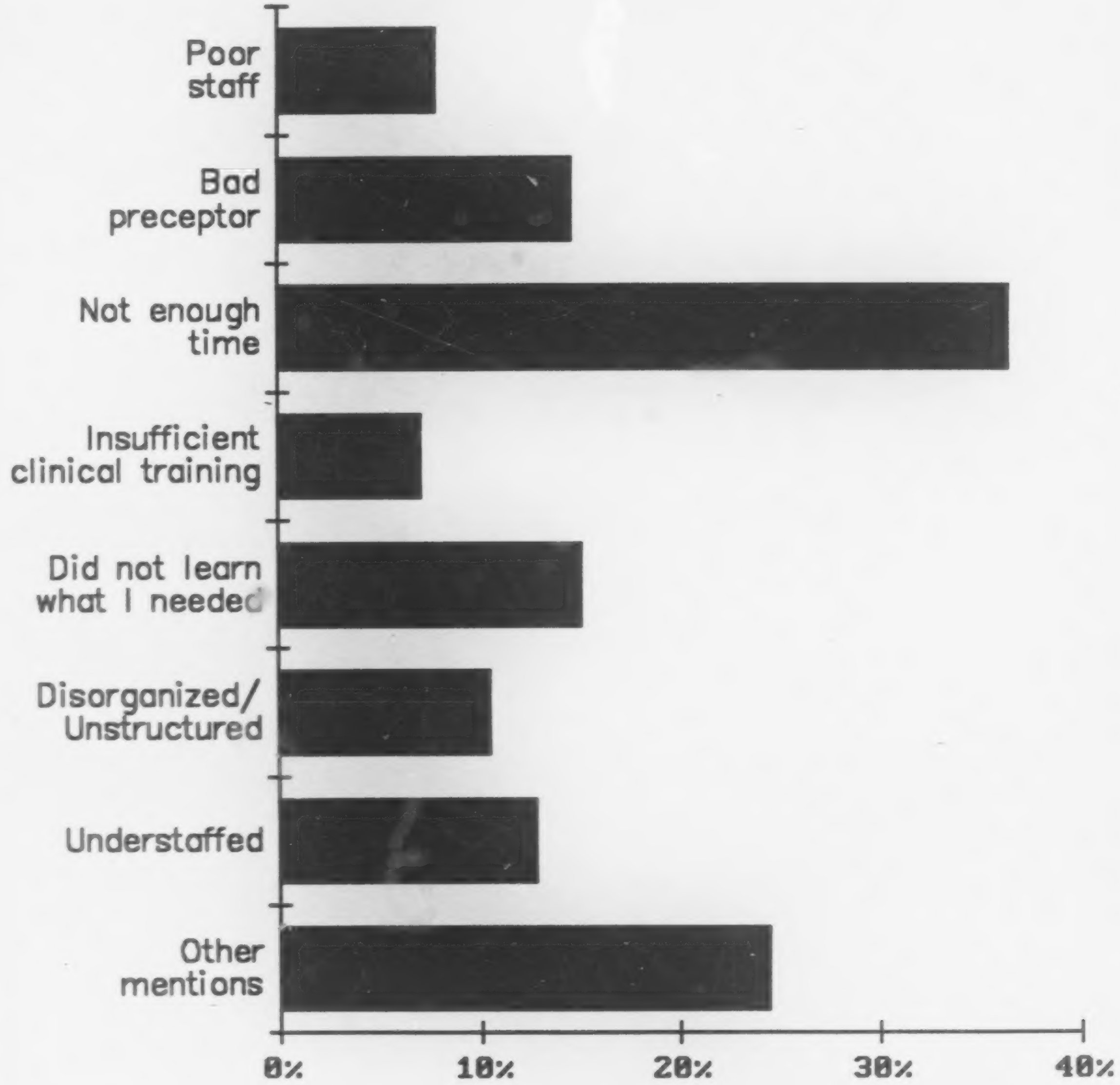
Positive Evaluation of Orientations Among Newly Licensed Nurses
East North Central Region

New nurses most often cited "good amount of time" as a reason for their positive evaluation.



*Neutral or Negative Evaluation of Orientations Among Newly Licensed Nurses

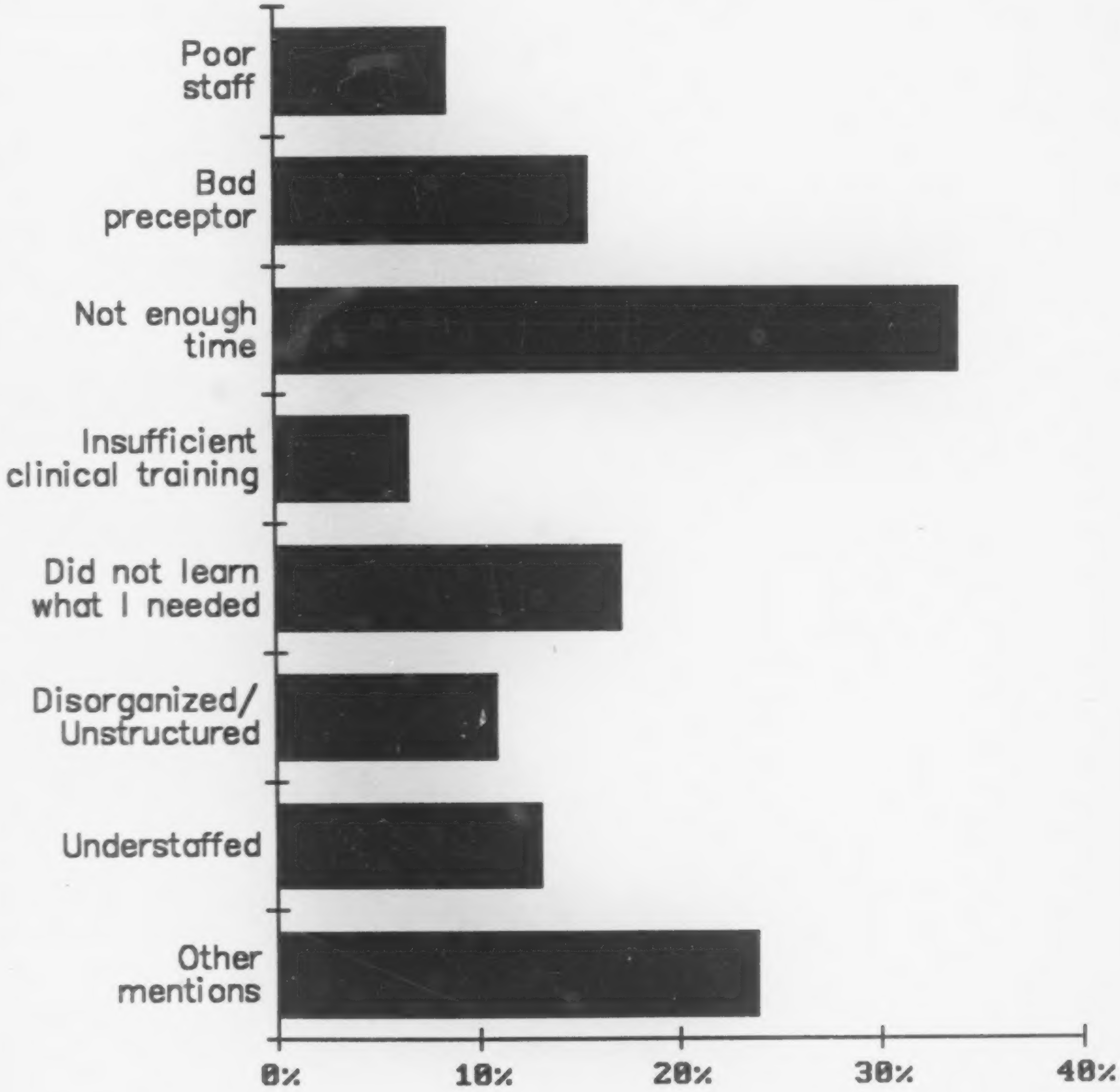
New nurses most often cited "not enough time" as a reason for their neutral or negative evaluation.



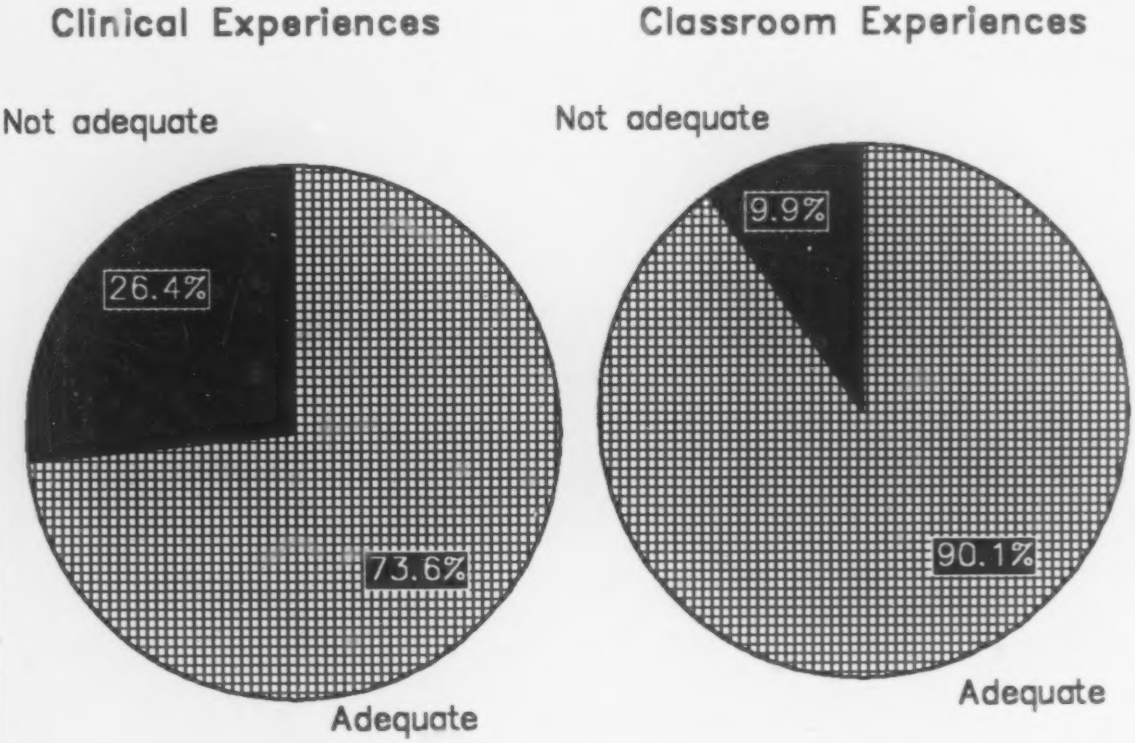
*Multiple responses were allowed for this question. Therefore, the sum of all responses will be greater than 100 percent.
*Neutral or negative = good, fair or poor.

Neutral or Negative Evaluation of Orientations Among Newly Licensed Nurses
East North Central Region

New nurses most often cited "not enough time" as a reason for their neutral or negative evaluation.



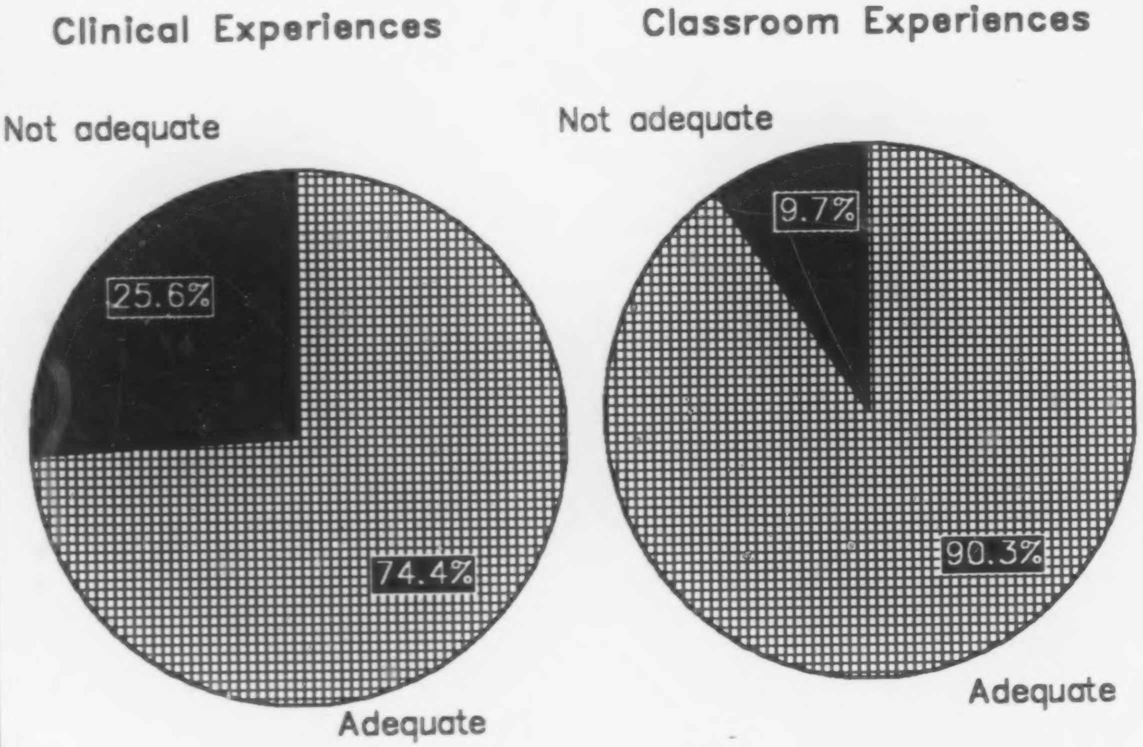
PERCEIVED ADEQUACY OF NURSING EDUCATION AMONG NEWLY LICENSED NURSES, 1990



Almost three–quarters of newly licensed nurses felt their clinical experiences were adequate for their current job. A larger 90% felt their classroom experiences were adequate.

PERCEIVED ADEQUACY OF NURSING EDUCATION AMONG NEWLY LICENSED NURSES, 1990

East North Central Region



Clinical experiences received a lower approval rating (74%) than classroom experiences (90%).

Section 3
CMSA Analysis: Numeric Tables

Analysis of Consolidated Metropolitan Statistical Areas

American society is increasingly centralized around the major urban cities—New York, Los Angeles, Chicago, and Houston. Health care services, particularly hospitals, are also concentrated within metropolitan areas. This special analysis of newly licensed nurses in what the Census Bureau terms Consolidated Metropolitan Statistical Areas (CMSAs), has been provided to assist health care executives in gaining a better understanding of the trends in America's largest cities. Great variation exists among the different regions of the country in relation to the demographic and employment characteristics of the nation's newly licensed nurses. Similarly, the unique financial and demographic circumstances within each metropolitan area result in vastly different local economies and labor forces.

A selected group of tables has been designed to highlight some of the differences among the various CMSAs. Keep in mind that the upcoming figures are based on the responses of those newly licensed nurses currently residing or working in a CMSA *only* and represent approximately one-quarter of the total cohort of new RNs. For a fuller and more meaningful understanding of the trends, these CMSA data may be compared with the national and regional figures presented in the earlier sections of this report.

Table CMSA-1
NUMBER OF NEWLY LICENSED NURSES BY CMSA AND TYPE OF NURSING EDUCATIONAL PROGRAM

			PROGRAM TYPE					
	TOTAL		DIPLOMA		ASSOCIATE DEGREE		BACCALAUREATE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,540	100.0	738	9.8	4.129	54.8	2,673	35.5
BOSTON-LAWRENCE-SALEM	385	100.0	53	13.8	186	48.3	146	37.9
BUFFALO-NIAGARA FALLS	192	100.0	13	6.8	105	54.7	74	38.5
CHICAGO-GARY-LAKE CO	663	100.0	30	4.5	351	52.9	282	42.5
CINCINNATI-HAMILTON	246	100.0	48	19.5	127	51.6	71	28.9
CLEVELAND-AKRON-LORAINE	401	100.0	72	18.0	168	41.9	61	40.1
DALLAS-FORT WORTH	218	100.0			126	57.8	92	42.2
DENVER-BOULDER	156	100.0	3	1.9	90	57.7	63	40.4
DETROIT-ANN ARBOR	583	100.0	23	3.9	344	59.0	216	37.0
HOUSTON-GALVESTON-BROZONA	244	100.0			172	70.5	72	29.5
LA-ANAHEIM-RIVERSIDE	718	100.0	39	5.4	574	79.9	105	14.6
MIAMI-FORT LAUDERDALE	109	100.0	10	9.2	57	52.3	42	38.5
MILWAUKEE-RACINE	167	100.0	13	7.8	66	39.5	88	52.7
NEW YORK-NEW JERSEY	1,275	100.0	147	11.5	658	51.6	470	36.9
PHILA-WILMINGTON-TRENTON	921	100.0	152	16.5	431	46.8	338	36.7
PITTSBURGH-BEAVER VALLEY	472	100.0	131	27.8	190	40.3	151	32.0
PORTLAND-VANCOUVER	158	100.0			80	50.6	78	49.4
SF-OAKLAND-SAN JOSE	424	100.0	3	.7	282	66.5	139	32.8
SEATTLE-TACOMA	208	100.0	1	.5	122	58.7	85	40.9

Table 1: Number of Newly Licensed Nurses by CMSA and Type of Nursing Education

A majority (54.8%) of new RNs residing in a CMSA graduated from an associate degree program. More than a third prepared at the baccalaureate level and about 10% received diplomas. As a group, new RNs living in cities are *less* likely to have studied at the ADN level when compared to the rest of the newly licensed nurse cohort.

The greatest proportion of diploma graduates are situated in the Pittsburgh area and the largest proportion of baccalaureate graduates are located in Milwaukee. Associate degree graduates are most prevalent in Los Angeles.

Table CMSA-2
NEWLY LICENSED NURSES BY CMSA AND JOB HUNTING EXPERIENCES

			JOB-HUNTING EXPERIENCES									
	TOTAL		MANY JOBS		FAIR NUMBER		VERY FEW		CAN'T SAY-TOOK JOB AT CLINICAL SITE		CAN'T SAY-VOLUNTARILY UNEMPLOYED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,491	100.0	4,959	66.2	1,500	20.0	130	1.7	830	11.1	72	1.0
METROPOLITAN AREA												
BOSTON-LAWRENCE-SALEM	392	100.0	130	33.2	144	36.7	43	11.0	71	18.1	4	1.0
BUFFALO-NIAGARA FALLS	192	100.0	126	65.6	37	19.3	3	1.6	24	12.5	2	1.0
CHICAGO-GARY-LAKE CO	659	100.0	482	73.1	109	16.5	7	1.1	56	8.5	5	.8
CINCINNATI-HAMILTON	245	100.0	161	65.7	37	15.1	8	3.3	35	14.3	4	1.6
CLEVELAND-AKRON-LORAINE	408	100.0	254	62.3	90	22.1	2	.5	61	15.0	1	.2
DALLAS-FORT WORTH	215	100.0	153	71.2	30	14.0	2	.9	27	12.6	3	1.4
DENVER-BOULDER	155	100.0	104	67.1	31	20.0	3	1.9	17	11.0		
DETROIT-ANN ARBOR	579	100.0	421	72.7	83	14.3	9	1.6	60	10.4	6	1.0
HOUSTON-GALVESTON-BROZONA	242	100.0	197	81.4	23	9.5	1	.4	19	7.9	2	.8
LA-ANAHEIM-RIVERSIDE	709	100.0	446	62.9	170	24.0	15	2.1	71	10.0	7	1.0
MIAMI-FORT LAUDERDALE	108	100.0	73	67.6	26	24.1	1	.9	7	6.5	1	.9
MILWAUKEE-RACINE	167	100.0	119	71.3	33	19.8	2	1.2	11	6.6	2	1.2
NEW YORK-NEW JERSEY	1,256	100.0	853	67.9	250	19.9	10	.8	130	10.4	13	1.0
PHILA-WILMINGTON-TRENTON	913	100.0	605	66.3	163	17.9	8	.9	132	14.5	5	.5
PITTSBURGH-BEAVER VALLEY	466	100.0	361	77.5	60	12.9	3	.6	40	8.6	2	.4
PORTLAND-VANCOUVER	155	100.0	91	58.7	42	27.1	4	2.6	14	9.0	4	2.6
SF-OAKLAND-SAN JOSE	423	100.0	267	63.1	107	25.3	5	1.2	34	8.0	10	2.4
SEATTLE-TACOMA	207	100.0	116	56.0	65	31.4	4	1.9	21	10.1	1	.5

Table 2: Newly Licensed Nurses by CMSA and Job Hunting Experiences

Demand for newly licensed nurses nationwide is great and two-thirds of new RNs residing in CMSAs claim that "many jobs" were available when the were job hunting. However, great diversity exists among the different CMSAs with over 80% of new RNs in Houston stating that "many jobs" were available and only 33% of Boston's new RNs stating the same.

Table CMSA-3
NEWLY LICENSED NURSES BY CMSA AND EMPLOYMENT SETTING

			EMPLOYMENT SETTING							
	TOTAL		HOSPITAL		NURSING HOME		COMMUNITY/HOME/ PUBLIC HEALTH AGENCY		SCHOOL NURSE/ PHYSICIAN'S OFFICE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,194	100.0	6,785	94.3	191	2.7	134	1.9	84	1.2
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	372	100.0	343	92.2	18	4.8	7	1.9	4	1.1
BUFFALO-NIAGARA FALLS	182	100.0	167	91.8	7	3.8	4	2.2	4	2.2
CHICAGO-GARY-LAKE CO	640	100.0	610	95.3	11	1.7	12	1.9	7	1.1
CINCINNATI-HAMILTON	231	100.0	213	92.2	11	4.8	4	1.7	3	1.3
CLEVELAND-AKRON-LORAINE	393	100.0	372	94.7	15	3.8	5	1.3	1	.3
DALLAS-FORT WORTH	208	100.0	188	90.4	4	1.9	6	2.9	10	4.8
DENVER-BOULDER	151	100.0	142	94.0	4	2.6	4	2.6	1	7
DETROIT-ANN ARBOR	566	100.0	541	95.6	11	1.9	12	2.1	2	.4
HOUSTON-GALVESTON-BROZONA	230	100.0	216	93.9			6	2.6	8	3.5
LA-ANAHEIM-RIVERSIDE	684	100.0	653	95.5	6	.9	12	1.8	13	1.9
MIAMI-FORT LAUDERDALE	107	100.0	104	97.2	1	9	2	1.9		
MILWAUKEE-RACINE	162	100.0	147	90.7	13	8.0	1	6	1	6
NEW YORK-NEW JERSEY	1,211	100.0	1,139	94.1	35	2.9	30	2.5	7	6
PHILA-WILMINGTON-TRENTON	879	100.0	841	95.7	20	2.3	11	1.3	7	.8
PITTSBURGH-BEAVER VALLEY	449	100.0	428	95.3	10	2.2	6	1.3	5	1.1
PORTLAND-VANCOUVER	147	100.0	134	91.2	9	6.1	1	7	3	2.0
SF-OAKLAND-SAN JOSE	392	100.0	383	97.7	4	1.0	3	.8	2	.5
SEATTLE-TACOMA	190	100.0	164	86.3	12	6.3	8	4.2	6	3.2

Table 3: Newly Licensed Nurses by CMSA and Employment Setting

Over 94% of new RNs residing in cities work in hospitals. This figure is sightly larger than that of the national figure of 91% suggesting that, in metropolitan areas, more opportunities are available in acute care settings. Among the CMSAs, Seattle contains the greatest percentage of new RNs employed in nursing homes and community/public health and Dallas contains the largest percentage working in schools and/or physician's offices.

Table CMSA-4
NEWLY LICENSED NURSES BY CMSA AND SIZE OF HOSPITAL OF EMPLOYMENT*

	TOTAL		HOSPITAL SIZE							
			6 TO 99 BEDS		100 TO 299 BEDS		300 TO 499 BEDS		500 BEDS OR MORE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	5,136	100.0	195	3.8	1,419	27.6	1,666	32.4	1,856	36.1
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	255	100.0	13	5.1	97	38.0	89	34.9	56	22.0
BUFFALO-NIAGARA FALLS	124	100.0	5	4.0	28	22.6	39	31.5	52	41.9
CHICAGO-GARY-LAKE CO	442	100.0	22	5.0	114	25.8	146	33.0	160	36.2
CINCINNATI-HAMILTON	159	100.0	6	3.8	52	32.7	57	35.8	44	27.7
CLEVELAND-AKRON-LORAINE	281	100.0	11	3.9	69	24.6	76	27.0	125	44.5
DALLAS-FORT WORTH	142	100.0	11	7.7	39	27.5	35	24.6	57	40.1
DENVER-BOULDER	108	100.0	1	.9	42	38.9	44	40.7	21	19.4
DETROIT-ANN ARBOR	415	100.0	11	2.7	84	20.2	123	29.6	197	47.5
HOUSTON-GALVESTON-BPOZONA	169	100.0	11	6.5	50	29.6	33	19.5	75	44.4
LA-ANAHEIM-RIVERSIDE	504	100.0	25	5.0	159	31.5	175	34.7	145	28.8
MIAMI-FORT LAUDERDALE	82	100.0	1	1.2	20	24.4	21	25.6	40	48.8
MILWAUKEE-RACINE	100	100.0	4	4.0	41	41.0	37	37.0	18	18.0
NEW YORK-NEW JERSEY	871	100.0	11	1.3	154	17.7	283	32.5	423	48.6
PHILA-WILMINGTON-TRENTON	640	100.0	24	3.7	216	33.7	200	31.3	200	31.3
PITTSBURGH-BEAVER VALLEY	348	100.0	7	2.0	85	24.4	117	33.6	139	39.9
PORTLAND-VANCOUVER	92	100.0	8	8.7	20	21.7	47	51.1	17	18.5
SF-OAKLAND-SAN JOSE	283	100.0	13	4.6	112	39.6	97	34.3	61	21.6
SEATTLE-TACOMA	121	100.0	[illegible]	9.1	37	30.6	47	38.8	26	21.5

*ASKED [illegible]SE EMPLOYED IN HOSPITALS

Table 4: Newly Licensed Nurses by CMSA and Size of Hospital

There is little variation in the size of the hospitals in which newly licensed nurses are employed. Less than 10% separates the newly licensed nurses employed in hospitals containing 100 to 299 beds and those working in institutions with 500 or more beds. A very small group of newly licensed nurses are employed in hospitals with less than 100 beds.

Table CMSA-5
NEWLY LICENSED NURSES BY CMSA AND LENGTH OF JOB HUNT

	TOTAL		LENGTH OF JOB HUNT—EMPLOYED IN NURSING							
			FOUND BEFORE GRADUATION		ONE MONTH OR LESS		2 TO 3 MONTHS		4 TO 6 MONTHS	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,334	100.0	5,654	77.1	1,123	15.3	393	5.4	164	2.2
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	378	100.0	287	75.9	48	12.7	31	8.2	12	3.2
BUFFALO-NIAGARA FALLS	186	100.0	146	78.5	29	15.6	9	4.8	2	1.1
CHICAGO-GARY-LAKE CO	647	100.0	489	75.6	113	17.5	35	5.4	10	1.5
CINCINNATI-HAMILTON	238	100.0	202	84.9	25	10.5	7	2.9	4	1.7
CLEVELAND-AKRON-LORAINE	399	100.0	336	94.2	47	11.8	15	3.8	1	.3
DALLAS-FORT WORTH	211	100.0	169	80.1	31	14.7	8	3.8	3	1.4
DENVER-BOULDER	154	100.0	124	80.5	23	14.9	7	4.5		
DETROIT-ANN ARBOR	570	100.0	462	81.1	71	12.5	25	4.4	12	2.1
HOUSTON-GALVESTON-BROZONA	236	100.0	180	76.3	47	19.9	4	1.7	5	2.1
LA-ANAHEIM-RIVERSIDE	695	100.0	461	66.3	162	23.3	47	6.8	25	3.6
MIAMI-FORT LAUDERDALE	107	100.0	70	65.4	27	25.2	7	6.5	3	2.8
MILWAUKEE-RACINE	164	100.0	130	79.3	25	15.2	7	4.3	2	1.2
NEW YORK-NEW JERSEY	1,234	100.0	882	71.5	203	16.5	103	8.3	46	3.7
PHILA-WILMINGTON-TRENTON	900	100.0	796	88.4	73	8.1	25	2.8	6	.7
PITTSBURGH-BEAVER VALLEY	461	100.0	403	87.4	42	9.1	12	2.6	4	.9
PORTLAND-VANCOUVER	151	100.0	115	76.2	22	14.6	8	5.3	6	4.0
SF-OAKLAND-SAN JOSE	400	100.0	259	64.7	101	25.2	23	5.7	17	4.2
SEATTLE-TACOMA	203	100.0	143	70.4	34	16.7	20	9.9	6	3.0

Table 5: Newly Licensed Nurses by CMSA and Length of Job Hunt

The length of time necessary to find a job is a good measure of demand and, generally speaking, over 90% of newly licensed nurses in CMSAs found jobs before or within one month of graduation indicating that demand for new RNs is very strong. The degree of demand, however, varies among the nation's cities. New RNs in the New York/New Jersey CMSA and the Seattle-Tacoma area state that it took slightly longer to find a job than their counterparts in the rest of the country. Nurses in the two CMSAs in Pennsylvania reported greater ease in locating their first job.

Table CMSA-6
NEWLY LICENSED NURSES BY CMSA AND ACTIVITY STATUS

	TOTAL		ACTIVITY STATUS					
			FULL-TIME		PART-TIME <20 HOURS		PART-TIME 20+	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,332	100.0	6,181	84.3	202	2.8	949	12.9
METROPOLITAN AREA								
BOSTON-LAWRENCE-SALEM	379	100.0	306	80.7	14	3.7	59	15.6
BUFFALO-NIAGARA FALLS	184	100.0	157	85.3	5	2.7	22	12.0
CHICAGO-GARY-LAKE CO	647	100.0	541	83.6	14	2.2	92	14.2
CINCINNATI-HAMILTON	238	100.0	189	79.4	8	3.4	41	17.2
CLEVELAND-AKRON-LORAINE	400	100.0	358	89.5	8	2.0	34	8.5
DALLAS-FORT WORTH	211	100.0	197	93.4	1	.5	13	6.2
DENVER-BOULDER	153	100.0	134	87.6	3	2.0	16	10.5
DETROIT-ANN ARBOR	572	100.0	455	79.5	28	4.9	89	15.6
HOUSTON-GALVESTON-BROZONA	237	100.0	222	93.7	5	2.1	10	4.2
LA-ANAHEIM-RIVERSIDE	694	100.0	564	81.3	32	4.6	98	14.1
MIAMI-FORT LAUDERDALE	109	100.0	94	86.2	3	2.8	12	11.0
MILWAUKEE-RACINE	164	100.0	140	85.4	3	1.8	21	12.8
NEW YORK-NEW JERSEY	1,232	100.0	1,101	89.4	31	2.5	100	8.1
PHILA-WILMINGTON-TRENTON	898	100.0	760	84.6	19	2.1	119	13.3
PITTSBURGH-BEAVER VALLEY	462	100.0	441	95.5	7	1.5	14	3.0
PORTLAND-VANCOUVER	151	100.0	125	82.8	1	.7	25	16.6
SF-OAKLAND-SAN JOSE	399	100.0	239	59.9	12	3.0	148	37.1
SEATTLE-TACOMA	202	100.0	158	78.2	8	4.0	36	17.8

Table 6: Newly Licensed Nurses by CMSA and Activity Status

A large majority (84.3%) of new RNs in CMSAs are employed full-time and an additional 13% are working part-time, 20 hours or more a week. Newly licensed nurses in San Francisco are *least* likely to work full-time and new RNs in Pittsburgh are *most* likely to work full-time.

Table CMSA-7
REASON FOR CHOOSING CURRENT POSITION AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		PRIOR EXPERIENCE		SALARY BENEFITS		REPUTATION OF INSTITUTION		LOCATION		CHOSEN SPECIALTY		SHIFT/HOURS		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	7,846	28.0	2,195	11.9	934	15.9	1,250	12.6	991	32.2	2,527	2.5	198	5.6	443
BOSTON-LAWRENCE-SALEM	100.0	403	30.5	123	13.4	54	19.6	79	11.7	47	26.6	107	1.7	7	5.2	21
BUFFALO-NIAGARA FALLS	100.0	199	34.2	68	11.6	23	13.1	26	16.1	32	28.1	56	2.5	5	4.0	8
CHICAGO-GARY-LAKE CO	100.0	708	28.7	203	12.4	88	16.5	117	14.3	101	26.6	188	2.4	17	5.8	41
CINCINNATI-HAMILTON	100.0	247	34.4	85	10.1	25	10.5	26	10.5	26	35.6	88	2.0	5	5.7	14
CLEVELAND-AKRON-LORAINE	100.0	431	31.1	134	11.1	48	14.6	63	10.7	46	33.9	146	3.2	14	8.1	35
DALLAS-FORT WORTH	100.0	232	19.8	46	9.1	21	13.4	31	9.9	23	46.6	108	3.0	7	4.3	10
DENVER-BOULDER	100.0	160	20.0	32	12.5	20	18.8	30	6.9	11	38.1	61	3.1	5	8.7	15
DETROIT-ANN ARBOR	100.0	603	34.5	208	10.3	62	11.6	70	11.4	69	32.3	195	3.2	19	4.0	24
HOUSTON-GALVESTON-BROZONA	100.0	248	21.4	53	11.3	28	12.1	30	14.5	36	37.1	92	2.4	6	5.2	13
LA-ANAHEIM-RIVERSIDE	100.0	748	24.5	183	13.0	97	16.4	123	12.4	93	36.5	273	2.4	18	6.1	46
MIAMI-FORT LAUDERDALE	100.0	119	30.3	36	12.6	15	11.8	14	12.6	15	31.9	38	5.0	6	7.6	9
MILWAUKEE-RACINE	100.0	172	24.4	42	13.4	23	12.2	21	7.0	12	37.8	65	4.7	8	5.2	9
NEW YORK-NEW JERSEY	100.0	1,324	28.5	378	11.2	148	18.1	239	14.7	194	28.9	382	2.6	34	5.4	72
PHILA-WILMINGTON-TRENTON	100.0	967	27.9	270	11.0	106	16.4	159	12.6	122	32.1	310	2.5	24	5.9	57
PITTSBURGH-BEAVER VALLEY	100.0	484	28.1	136	15.1	73	11.6	56	15.5	75	29.5	143	1.0	5	4.5	22
PORTLAND-VANCOUVER	100.0	162	21.6	35	17.9	29	19.1	31	11.1	18	33.3	54	3.1	5	9.3	15
SF-OAKLAND-SAN JOSE	100.0	428	22.9	98	12.1	52	25.0	107	12.4	53	34.3	147	1.4	6	4.9	21
SEATTLE-TACOMA	100.0	211	30.8	65	10.4	22	13.3	28	8.5	18	35.1	74	3.3	7	5.7	12

Table 7: Reason for Choosing Current Position among Newly Licensed Nurses by CMSA

The primary factor influencing newly licensed nurses in choosing their current position is "opportunity to work in chosen specialty." "Prior experience in the institution" ranked second among the considerations for choosing their current job and "reputation of the institution" ranked third. These three factors head the list in all CMSAs except Buffalo, Cincinnati, Detroit, and Houston where "location" ranked among the top three. In Miami "salary/benefits" outranked "opportunity to work in chosen specialty."

Table CMSA-8
PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES BY CMSA

			EVALUATION OF EMPLOYMENT ORIENTATION									
	TOTAL		EXCELLENT		VERY GOOD		GOOD		FAIR		POOR	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,276	100.0	1,608	22.1	2,179	29.9	1937	26.6	1,008	13.9	399	5.5
BOSTON-LAWRENCE-SALEM	375	100.0	93	24.8	103	27.5	100	26.7	56	14.9	15	4.0
BUFFALO-NIAGARA FALLS	185	100.0	27	14.6	64	34.6	54	29.2	25	13.5	13	7.0
CHICAGO-GARY-LAKE CO	639	100.0	139	21.8	182	28.5	181	28.3	91	14.2	42	6.6
CINCINNATI-HAMILTON	237	100.0	48	20.3	80	33.8	62	26.2	28	11.8	9	3.8
CLEVELAND-AKRON-LORAINE	396	100.0	76	19.2	106	26.8	117	29.5	69	17.4	26	6.6
DALLAS-FORT WORTH	208	100.0	53	25.5	51	24.5	48	23.1	24	11.5	19	9.1
DENVER-BOULDER	153	100.0	51	33.3	43	28.1	36	23.5	13	8.5	8	5.2
DETROIT-ANN ARBOR	568	100.0	125	22.0	167	29.4	158	27.8	89	15.7	18	3.2
HOUSTON-GALVESTON-BROZONA	235	100.0	42	17.9	68	28.9	59	25.1	39	16.6	14	6.0
LA-ANAHEIM-RIVERSIDE	687	100.0	143	20.8	196	28.5	180	26.2	109	15.9	41	6.0
MIAMI-FORT LAUDERDALE	109	100.0	25	22.9	29	26.6	33	30.3	17	15.6	3	2.8
MILWAUKEE-RACINE	164	100.0	39	23.8	63	38.4	34	20.7	22	13.4	3	1.8
NEW YORK-NEW JERSEY	1,228	100.0	239	19.5	349	28.4	377	30.7	174	14.2	61	5.0
PHILA-WILMINGTON-TRENTON	891	100.0	191	21.4	298	33.4	224	25.1	107	12.0	63	7.1
PITTSBURGH-BEAVER VALLEY	461	100.0	112	24.3	131	28.4	120	26.0	65	14.1	30	6.5
PORTLAND-VANCOUVER	148	100.0	42	28.4	48	32.4	42	28.4	13	8.8	2	1.4
SF-OAKLAND-SAN JOSE	392	100.0	113	28.8	130	33.2	79	20.2	39	9.9	18	4.6
SEATTLE-TACOMA	200	100.0	50	25.0	71	35.5	33	16.5	28	14.0	14	7.0

Table 8: Perceived Quality of Orientation among Newly Licensed Nurses by CMSA

Over half of the new RNs in CMSAs stated that their orientation was very good or excellent. An additional 26.6% felt their orientation was good. Two percent state they had no orientation at all. Newly licensed nurses in San Francisco and Milwaukee were *more* likely to state that their orientation was very good/excellent whereas those in New York and Cleveland were *less* likely to respond so.

Table CMSA-9
NUMBER OF NURSING JOBS SINCE GRADUATION BY CMSA

			NUMBER OF JOBS SINCE RN LICENSURE							
	TOTAL		FIRST		SECOND		THIRD		FOURTH OR MORE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,342	100.0	5,981	81.5	1,158	15.8	148	2.0	55	.7
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	380	100.0	319	83.9	53	13.9	7	1.8	1	.3
BUFFALO-NIAGARA FALLS	185	100.0	157	84.9	22	11.9	4	2.2	2	1.1
CHICAGO-GARY-LAKE CO	646	100.0	522	80.8	105	16.3	15	2.3	4	.6
CINCINNATI-HAMILTON	238	100.0	188	79.0	42	17.6	8	3.4		
CLEVELAND-AKRON-LORAINE	400	100.0	323	80.7	67	16.7	5	1.2	5	1.2
DALLAS-FORT WORTH	210	100.0	160	76.2	42	20.0	5	2.4	3	1.4
DENVER-BOULDER	154	100.0	120	77.9	28	18.2	5	3.2	1	.6
DETROIT-ANN ARBOR	571	100.0	456	79.9	91	15.9	17	3.0	7	1.2
HOUSTON-GALVESTON-BROZONA	236	100.0	172	72.9	53	22.5	7	3.0	4	1.7
LA-ANAHEIM-RIVERSIDE	695	100.0	556	80.0	115	16.5	17	2.4	7	1.0
MIAMI-FORT LAUDERDALE	108	100.0	91	84.3	15	13.9	2	1.9		
MILWAUKEE-RACINE	164	100.0	129	78.7	29	17.7	4	2.4	2	1.2
NEW YORK-NEW JERSEY	1,236	100.0	1,038	84.0	176	14.2	17	1.4	5	.4
PHILA-WILMINGTON-TRENTON	900	100.0	750	83.3	140	15.6	8	.9	2	.2
PITTSBURGH-BEAVER VALLEY	463	100.0	382	82.5	64	13.8	14	3.0	3	.6
PORTLAND-VANCOUVER	151	100.0	126	83.4	17	11.3	5	3.3	3	2.0
SF-OAKLAND-SAN JOSE	402	100.0	330	82.1	66	16.4	3	.7	3	.7
SEATTLE-TACOMA	203	100.0	162	79.8	33	16.3	5	2.5	3	1.5

Table 9: Number of Nursing Jobs Since Graduation by CMSA

After almost one year in the work force, over 80% of newly licensed nurses were still working at their first nursing job. This suggests satisfaction with current employment conditions. Newly licensed nurses in Buffalo and New York City appear to be most stable in their first positions and new RNs in Houston are more likely to be working in their second job since graduation.

Table CMSA-10
EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		SATISFIED		UNSATISFIED	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	6,938	78.0	5,409	22.0	1,529
BOSTON-LAWRENCE-SALEM	100.0	358	81.3	291	18.7	67
BUFFALO-NIAGARA FALLS	100.0	174	70.7	123	29.3	51
CHICAGO-GARY-LAKE CO	100.0	621	74.7	464	25.3	157
CINCINNATI-HAMILTON	100.0	227	77.5	176	22.5	51
CLEVELAND-AKRON-LORAINE	100.0	384	80.2	308	19.8	76
DALLAS-FORT WORTH	100.0	197	85.3	168	14.7	29
DENVER-BOULDER	100.0	142	84.5	120	15.5	22
DETROIT-ANN ARBOR	100.0	550	76.2	419	23.8	131
HOUSTON-GALVESTON-BROZONA	100.0	227	77.5	176	22.5	51
LA-ANAHEIM-RIVERSIDE	100.0	649	74.6	484	25.4	165
MIAMI-FORT LAUDERDALE	100.0	98	75.5	74	24.5	24
MILWAUKEE-RACINE	100.0	152	82.2	125	17.8	27
NEW YORK-NEW JERSEY	100.0	1,164	76.5	891	23.5	273
PHILA-WILMINGTON-TRENTON	100.0	839	78.9	662	21.1	177
PITTSBURGH-BEAVER VALLEY	100.0	439	72.2	317	27.8	122
PORTLAND-VANCOUVER	100.0	146	89.0	130	11.0	16
SF-OAKLAND-SAN JOSE	100.0	381	84.3	321	15.7	60
SEATTLE-TACOMA	100.0	190	84.2	160	15.8	30

Table 10: Employment Satisfaction among Newly Licensed Nurses by CMSA

Of all new RNs working in CMSAs, 78% are satisfied in their current position. RNs are most satisfied in Portland and least satisfied in Buffalo.

Table CMSA-11

MAIN REASON FOR EMPLOYMENT SATISFACTION OF NEWLY LICENSED NURSES BY CMSA

			REASONS FOR SATISFACTION											
	TOTAL		SALARY/BENEFITS		OPPORTUNITY FOR ADVANCEMENT		OPPORTUNITY FOR CONTINUING EDUCATION		WORKING IN DESIRED SPECIALTY		HOURS/SCHEDULE		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	5,409	24.6	1,328	11.4	617	13.8	749	48.0	2,595	22.1	1,194	5.7	310
BOSTON-LAWRENCE-SALEM	100.0	291	29.6	86	15.8	46	12.7	37	38.8	113	17.2	50	7.9	23
BUFFALO-NIAGARA FALLS	100.0	123	22.8	28	10.6	13	12.2	15	49.6	61	19.5	24	4.1	5
CHICAGO-GARY-LAKE CO	100.0	464	20.0	93	10.6	49	13.1	61	43.5	202	23.5	109	7.1	33
CINCINNATI-HAMILTON	100.0	176	15.3	27	8.5	15	11.4	20	63.6	112	21.6	38	4.0	7
CLEVELAND-AKRON-LORAINE	100.0	308	27.6	85	8.8	27	11.4	35	48.4	149	20.8	64	3.9	12
DALLAS-FORT WORTH	100.0	168	17.3	29	8.9	15	15.5	26	58.9	99	24.4	41	3.6	6
DENVER-BOULDER	100.0	120	16.7	20	10.0	12	12.5	15	52.5	63	22.5	27	5.8	7
DETROIT-ANN ARBOR	100.0	419	20.3	85	8.6	36	10.0	42	51.8	217	23.2	97	5.0	21
HOUSTON-GALVESTON-BROZONA	100.0	176	21.6	38	13.1	23	13.1	23	51.1	90	25.0	44	3.4	6
LA-ANAHEIM-RIVERSIDE	100.0	484	25.2	122	14.3	69	14.3	69	49.6	240	23.3	113	7.2	35
MIAMI-FORT LAUDERDALE	100.0	74	25.7	19	17.6	13	21.6	16	41.9	31	21.6	16	4.1	3
MILWAUKEE-RACINE	100.0	125	20.8	26	8.0	10	12.0	15	51.2	64	20.8	26	8.8	11
NEW YORK-NEW JERSEY	100.0	891	28.8	257	12.0	107	15.7	140	44.7	398	25.1	224	4.8	43
PHILA-WILMINGTON-TRENTON	100.0	662	24.3	161	9.5	63	15.9	105	46.5	308	22.8	151	4.7	31
PITTSBURGH-BEAVER VALLEY	100.0	317	27.1	86	13.6	43	13.6	43	45.4	144	16.1	51	3.5	11
PORTLAND-VANCOUVER	100.0	130	26.2	34	11.5	15	13.1	17	46.2	60	18.5	24	12.3	16
SF-OAKLAND-SAN JOSE	100.0	321	29.3	94	15.0	48	15.9	51	51.4	165	19.3	62	7.8	25
SEATTLE-TACOMA	100.0	160	23.7	38	8.1	13	11.9	19	49.4	79	20.6	33	9.4	15

Table 11: Main Reason for Employment Satisfaction of Newly Licensed Nurses by CMSA

New RNs in CMSAs cite "opportunity to work in desired specialty" as the primary source of satisfaction with their current position. "Salary/benefits" and "flexible hours/schedule" rank second and third among newly licensed nurses employed in metropolitan areas. Interestingly, "opportunity for continuing education" ranks third in Miami.

Table CMSA-12
MAIN REASON FOR EMPLOYMENT DISSATISFACTION OF NEWLY LICENSED NURSES BY CMSA

			REASONS FOR DISSATISFACTION									
	TOTAL		INADEQUATE SALARY		POOR WORKING CONDITIONS		UNSATISFYING STAFF RELATIONS		SKILLS UNDERUTILIZED		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	1,529	29.2	447	48.3	739	28.0	428	10.4	159	14.9	228
BOSTON-LAWRENCE-SALEM	100.0	67	22.4	15	52.2	35	23.9	16	19.4	13	16.4	11
BUFFALO-NIAGARA FALLS	100.0	51	31.4	16	52.9	27	31.4	16	9.8	5	13.7	7
CHICAGO-GARY-LAKE CO	100.0	157	39.5	62	47.1	74	24.8	39	5.1	8	14.6	23
CINCINNATI-HAMILTON	100.0	51	37.3	19	31.4	16	25.5	13	13.7	7	7.8	4
CLEVELAND-AKRON-LORAINE	100.0	76	23.7	18	50.0	38	27.6	21	9.2	7	15.8	12
DALLAS FORT WORTH	100.0	29	37.9	11	55.2	16	20.7	6	13.8	4	6.9	2
DENVER-BOULDER	100.0	22	22.7	5	54.5	12	18.2	4	13.6	3	13.6	3
DETROIT-ANN ARBOR	100.0	137	35.9	47	40.5	53	34.4	45	7.6	10	16.8	22
HOUSTON-GALVESTON-BROZONA	100.0	51	43.1	22	37.3	19	17.6	9	7.8	4	19.6	10
LA-ANAHEIM-RIVERSIDE	100.0	165	34.5	57	49.1	81	27.3	45	10.9	18	17.6	29
MIAMI-FORT LAUDERDALE	100.0	24	25.0	6	58.3	14	16.7	4	4.2	1	16.7	4
MILWAUKEE-RACINE	100.0	27	44.4	12	29.6	8	25.9	7	3.7	1	18.5	5
NEW YORK-NEW JERSEY	100.0	273	23.4	64	50.9	139	34.8	95	15.0	41	11.0	30
PHILA-WILMINGTON-TRENTON	100.0	177	16.9	30	47.5	84	27.7	49	9.0	16	19.2	34
PITTSBURGH-BEAVER VALLEY	100.0	122	28.7	35	52.5	64	31.1	38	5.7	7	13.1	16
PORTLAND-VANCOUVER	100.0	16	18.8	3	68.8	11	6.3	1	37.5	6	12.5	2
SF-OAKLAND-SAN JOSE	100.0	60	28.3	17	58.3	35	20.0	12	10.0	6	16.7	10
SEATTLE-TACOMA	100.0	30	26.7	8	43.3	13	26.7	8	6.7	2	13.3	4

Table 12: Main Reason For Employment Dissatisfaction of Newly Licensed Nurses by CMSA

Newly licensed nurses stating dissatisfaction with their current position cite "poor working conditions" (forced rotation, poor scheduling, etc.) as the primary source of their discontent. "Inadequate salary" and "unsatisfying staff relations" ranked second and third. All CMSAs followed the same general pattern except Cincinnati and Houston where "inadequate salary" ranked first and Portland where "skills underutilized" placed third.

Table CMSA-13
RACIAL – ETHNIC BACKGROUND OF NEWLY LICENSED NURSES BY CMSA

	TOTAL		WHITE		BLACK		HISPANIC		ASIAN		AMERICAN INDIAN	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	6,311	87.0	457	6.3	255	3.5	211	2.9	22	.3
BOSTON-LAWRENCE-SALEM	370	100.0	354	95.7	10	2.7	2	.5	4	1.1	0	0.0
BUFFALO-NIAGARA FALLS	188	100.0	177	94.1	7	3.7	3	1.6	1	.5	0	0.0
CHICAGO-GARY-LAKE CO	641	100.0	543	84.7	54	8.4	16	2.5	27	4.2	1	.2
CINCINNATI-HAMILTON	239	100.0	229	95.8	5	2.1	1	.4	3	1.3	1	.4
CLEVELAND-AKRON-LORAINE	393	100.0	372	94.7	16	4.1	3	.8	2	.5	0	0.0
DALLAS-FORT WORTH	204	100.0	180	88.2	17	8.3	5	2.5	2	.8	0	0.0
DENVER-BOULDER	149	100.0	139	93.3	4	2.7	5	3.4	1	.7	0	0.0
DETROIT-ANN ARBOR	564	100.0	522	92.6	31	5.5	4	.7	6	1.1	1	.2
HOUSTON-GALVESTON-BROZONA	233	100.0	194	83.3	26	11.2	7	3.0	5	2.1	1	.4
LA-ANAHEIM-RIVERSIDE	685	100.0	490	71.5	38	5.5	90	13.1	62	9.1	5	.7
MIAMI-FORT LAUDERDALE	107	100.0	73	68.2	17	15.9	16	15.0	0	0.0	1	.9
MILWAUKEE-RACINE	162	100.0	147	90.7	11	6.8	1	.6	2	1.2	1	.6
NEW YORK-NEW JERSEY	1,207	100.0	961	79.6	151	12.5	64	5.3	29	2.4	2	.2
PHILA-WILMINGTON-TRENTON	882	100.0	822	93.2	41	4.6	11	1.2	8	.9	0	0.0
PITTSBURGH-BEAVER VALLEY	464	100.0	454	97.8	7	1.5	1	.2	2	.4	0	0.0
PORTLAND-VANCOUVER	153	100.0	141	92.2	1	.7	1	.7	7	4.6	3	2.0
SF-OAKLAND-SAN JOSE	412	100.0	324	78.6	17	4.1	23	5.6	44	10.7	4	1.0
SEATTLE-TACOMA	203	100.0	189	93.1	4	2.0	2	1.0	6	3.0	2	1.0

Table 13: Racial-Ethnic Background of Newly Licensed Nurses by CMSA

Great diversity exists in the racial-ethnic composition of newly licensed nurses in metropolitan areas. Portland, Cincinnati, and Boston are the least diverse and Miami is the most diverse.

Table CMSA-14
MARITAL STATUS OF NEWLY LICENSED NURSES BY CMSA

	TOTAL		NEVER MARRIED		MARRIED		SEPARATED/DIVORCED		WIDOWED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	3,145	43.3	3,218	44.3	840	11.6	53	.7
BOSTON-LAWRENCE-SALEM	370	100.0	205	55.4	128	34.6	34	9.2	3	.8
BUFFALO-NIAGARA FALLS	188	100.0	83	44.1	74	39.4	28	14.9	3	1.6
CHICAGO-GARY-LAKE CO	641	100.0	299	46.6	274	42.7	65	10.1	3	.5
CINCINNATI-HAMILTON	239	100.0	82	34.3	133	55.6	23	9.6	1	.4
CLEVELAND-AKRON-LORAINE	393	100.0	174	44.3	180	45.8	38	9.7	1	.3
DALLAS-FORT WORTH	204	100.0	50	24.5	122	59.8	26	12.7	6	2.9
DENVER-BOULDER	149	100.0	36	24.2	81	54.4	32	21.5	0	0.0
DETROIT-ANN ARBOR	564	100.0	212	37.6	282	50.0	69	12.2	1	.2
HOUSTON-GALVESTON-BROZONA	233	100.0	39	16.7	153	65.7	40	17.2	1	.4
LA-ANAHEIM-RIVERSIDE	685	100.0	236	34.5	348	50.8	96	14.0	5	.7
MIAMI-FORT LAUDERDALE	107	100.0	46	43.0	42	39.3	19	17.8	0	0.0
MILWAUKEE-RACINE	162	100.0	77	47.5	68	42.0	16	9.9	1	.6
NEW YORK-NEW JERSEY	1,207	100.0	644	53.4	439	36.4	115	9.5	9	.7
PHILA-WILMINGTON-TRENTON	882	100.0	446	50.6	345	39.1	84	9.5	7	.8
PITTSBURGH-BEAVER VALLEY	464	100.0	243	52.4	163	35.1	54	11.6	4	.9
PORTLAND-VANCOUVER	153	100.0	49	32.0	77	50.3	26	17.0	1	.7
SF-OAKLAND-SAN JOSE	412	100.0	162	39.3	196	47.6	51	12.4	3	.7
SEATTLE-TACOMA	203	100.0	62	30.5	113	55.7	24	11.8	4	2.0

Table 14: Marital Status of Newly Licensed Nurses by CMSA

CMSAs can be divided into three major categories: (1) those where the "never married" prevail (Boston, New York, Philadelphia, Pittsburgh), (2) those where the "married" dominate (Cincinnati, Dallas, Boulder, Detroit, Houston, Los Angeles, Portland, San Francisco, and Seattle), and (3) those where almost equal proportions of married and singles reside (Buffalo, Chicago, Cleveland, Miami, Milwaukee).

Table CMSA-15
PRESENCE OF CHILDREN
AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		HAS CHILDREN		HAS NO CHILDREN	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	2,806	38.7	4,450	61.3
BOSTON-LAWRENCE-SALEM	370	100.0	107	28.9	263	71.1
BUFFALO-NIAGARA FALLS	188	100.0	69	36.7	119	63.3
CHICAGO-GARY-LAKE CO	641	100.0	241	37.6	400	62.4
CINCINNATI-HAMILTON	239	100.0	109	45.6	130	54.4
CLEVELAND-AKRON-LORAINE	393	100.0	140	35.6	253	64.4
DALLAS-FORT WORTH	204	100.0	91	44.6	113	55.4
DENVER-BOULDER	149	100.0	76	51.0	73	49.0
DETROIT-ANN ARBOR	564	100.0	233	41.3	331	58.7
HOUSTON-GALVESTON-BROZONA	233	100.0	138	59.2	95	40.8
LA-ANAHEIM-RIVERSIDE	685	100.0	312	45.5	373	54.5
MIAMI-FORT LAUDERDALE	107	100.0	35	32.7	72	67.3
MILWAUKEE-RACINE	162	100.0	57	35.2	105	64.8
NEW YORK-NEW JERSEY	1,207	100.0	411	34.1	796	65.9
PHILA-WILMINGTON-TRENTON	882	100.0	311	35.3	571	64.7
PITTSBURGH-BEAVER VALLEY	464	100.0	159	34.3	305	65.7
PORTLAND-VANCOUVER	153	100.0	61	39.9	92	60.1
SF-OAKLAND-SAN JOSE	412	100.0	165	40.0	247	60.0
SEATTLE-TACOMA	203	100.0	91	44.8	112	55.2

Table 15: Presence of Dependent Children Among Newly Licensed Nurses by CMSA

In most CMSAs, a larger proportion of new RNs have no dependent children living at home. In Cincinnati, Denver, Los Angeles and Seattle, the proportion of new RNs with and without dependent children at home is about equal.

Table CMSA-16
AGE OF NEWLY LICENSED NURSES BY METROPOLITAN AREA OF RESIDENCE

	NUMBER	MEAN AGE	STD DEV
GRAND TOTAL	14,335	31.4	8.09
METROPOLITAN AREA			
BOSTON-LAWRENCE-SALEM	387	29.6	7.53
BUFFALO-NIAGARA FALLS	188	29.9	7.57
CHICAGO-GARY-LAKE CO	655	30.0	7.92
CINCINNATI-HAMILTON	244	31.3	8.30
CLEVELAND-AKRON-LORAINE	405	30.8	7.99
DALLAS-FORT WORTH	208	32.5	8.44
DENVER-BOULDER	153	32.2	7.58
DETROIT-ANN ARBOR	574	31.1	7.92
HOUSTON-GALVESTON-BROZONA	239	34.2	7.73
LA-ANAHEIM-RIVERSIDE	702	31.8	7.74
MIAMI-FORT LAUDERDALE	107	29.7	7.57
MILWAUKEE-RACINE	165	29.6	6.93
NEW YORK-NEW JERSEY	1,237	29.9	8.06
PHILA-WILMINGTON-TRENTON	902	29.1	7.39
PITTSBURGH-BEAVER VALLEY	466	30.0	8.10
PORTLAND-VANCOUVER	153	32.5	8.00
SF-OAKLAND-SAN JOSE	416	32.3	7.63
SEATTLE-TACOMA	207	31.5	7.00
NON-METROPOLITAN AREAS	6,927	32.2	8.23

Table 16: Age of Newly Licensed Nurses by CMSA

The average age of newly licensed nurses in metropolitan areas is 31. The mean age is lowest in Philadelphia, Boston, Miami, and Milwaukee. On average, new RNs are oldest in Houston with a mean age of over 34.

Table CMSA-17
MEAN FULL-TIME SALARIES OF NEWLY LICENSED NURSES BY CMSA

	SALARY	
	MEAN SALARY	STD DEV
GRAND TOTAL	$23,504.3	$ 9,213
METROPOLITAN AREA		
BOSTON-LAWRENCE-SALEM	26,830.8	9,995
BUFFALO-NIAGARA FALLS	21,504.1	8,192
CHICAGO-GARY-LAKE CO	23,211.1	8,194
CINCINNATI-HAMILTON	21,052.0	8,626
CLEVELAND-AKRON-LORAINE	24,082.8	8,641
DALLAS-FORT WORTH	23,872.6	9,519
DENVER-BOULDER	23,059.0	7,541
DETROIT-ANN ARBOR	23,848.4	9,131
HOUSTON-GALVESTON-BROZONA	24,249.6	8,950
LA-ANAHEIM-RIVERSIDE	27,499.1	11,054
MIAMI-FORT LAUDERDALE	25,612.8	8,536
MILWAUKEE-RACINE	21,585.4	7,555
NEW YORK-NEW JERSEY	29,168.3	10,363
PHILA-WILMINGTON-TRENTON	26,911.0	9,218
PITTSBURGH-BEAVER VALLEY	23,571.5	7,651
PORTLAND-VANCOUVER	22,875.1	9,147
SF-OAKLAND-SAN JOSE	27,137.5	12,012
SEATTLE-TACOMA	21,702.6	8,705
NON-METROPOLITAN AREAS	21,391.5	8,011

Table 17: Mean Full-Time Salaries of Newly Licensed Nurses by CMSA

The highest average full-time salaries among newly licensed nurses residing in cities are found in the New York City metropolitan area and the San Francisco Bay area. The lowest average salaries are found in Buffalo and Seattle. Salaries of new RNs living in non-metropolitan areas are considerably lower than those of their urban counterparts.

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LICENSED TO CARE:
An Executive Report
on the
New Nurse

West North Central Region

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An Executive Report on the New Nurse

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Pub. No. 19-2386

Division of Research

National League for Nursing • New York

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PREFACE

Licensed to Care: An Executive Report of the New Nurse is the culmination of an extraordinary effort to capture and present the exemplary experiences of the nation's newly licensed nurses. In response to the urgent need for accurate data on the nursing supply, the National League for Nursing has taken the lead in analyzing the current condition of America's contemporary cohort of new nurses by conducting the survey of newly licensed nurses. The study was designed to collect information that can be effectively utilized by nurse executives in recruiting and retaining registered nurses. It offers in-depth data necessary to ascertain their demographic characteristics, to assess their employment experiences and evaluate their educational backgrounds.

The strength of the study and the resulting data is based on its sound methodological approach. First, the sheer number of respondents, over 28,000 new RNs, assure statistically significant data. Additionally, the excellent national and regional response rates guarantee that the data are comprehensive and reliable.

Many individuals at NLN were involved in the coordination, design, and production of the study and its resulting publications. Special thanks are due to Kathy Kaufman and Jill Hodge, Research Coordinators, for their contributions in data analysis and graphics.

Peri Rosenfeld, PhD
Vice President
Division of Research

Section 1
Executive Summary

EXECUTIVE SUMMARY

INTRODUCTION

The Nursing Shortage: How Do New RNs Fit In?

Recent developments have forced employers of health care professionals, policymakers, and the public to seriously evaluate and understand the status of nursing within the changing health care climate. Greater emphasis on cost containment, the scarcity of nurses and other providers, and the mushrooming of out-of-hospital health care delivery are just three major transformations that are responsible for the current focus on nurses in the health industry.

The key words in modern health care are cost containment and home care and nursing is a primary component for the success of both. While nurses are at the center of change they have not always been involved in providing the solutions. The current nursing shortage has altered that situation and thrust nursing into a new role within the health care system.

More importantly, the recent nursing shortage has sent a strong message to the health care industry and others that nursing is a scarce resource whose numbers cannot be taken for granted. Indeed, despite consistent increases in the *supply* of RNs, the health care system continues to demand more.

The solution to the shortage is not the *numbers* of nurses but the *proper utilization* of nurses. Nurses are already the largest group of health care providers with over 2 million RNs in the contemporary supply. When RNs are treated as autonomous professionals and not required to perform tasks that are best undertaken by paraprofessional or other health care workers, the number of RNs required for proper care is diminished. In other words, the shortage is the result of increased demand for RNs, and that increased demand is the result of inappropriate utilization of RNs by their employers. As the Secretary's Commission on Nursing concluded,

> ". . . the current nurse shortage is primarily the result of a rapidly-increasing demand for RNs. Some of this increased demand for RNs is a rising because health care delivery organizations are compensating for reductions in non-nursing staff, both clinical and non-clinical—as well as in other categories of nursing personnel . . . These recommendations call for the provision of adequate support services for nurses,utilization of the most appropriate mix of nursing personnel . . . and improvement in the internal management of nurse resources . . . ." (Secretary's Commission on Nursing, 1989).

The future outlook for health care, therefore, is related to the future of nursing, and the brightest signpost for the future is the newest crop of RNs. This cadre of new licensees provides us with a window to the future of nursing and health care. *Licensed to Care: An Executive Report of New Nurses* was designed as a tool for administrators to help them better appreciate the experiences, attitudes and characteristics of the new nurse. The data contained in this report will assist in planning for the contemporary and future demand for nurses. Because each geographic region is unique in terms of its demographic and economic characteristics, each volume of *Licensed to Care* will focus on one census region as it compares to the national perspective.

Research Design and Response Rate

In March 1990, eight months after obtaining RN licensure, all newly licensed registered nurses were sent a survey to identify their demographic characteristics, assess their educational background, and examine their employment experiences. Prior to sending the survey to the field, each state board of nursing except New Hampshire and Hawaii granted permission for the release of the names and addresses of their new licensees to the National League for Nursing.

After three mailings a total of 28,147 completed surveys were received representing an excellent response rate of 64% nationwide. Response rates for the individual states varied from a high of 76% in Maryland and New Jersey to a low of 52% in Alabama. Among the largest states—New York, California, Illinois, Texas—response rates fluctuated in the high 60% range. In view of the fact that these response rates reflect the **universe of new RNs and not a sample**, these figures are extremely respectable and confirm the reliability and validity of these data.

Educational Profile of the Newly Licensed Nurse

A Short History of Nursing Education Programs

The history of nursing education is replete with struggles between those who argue that the proper setting for nursing preparation is in institutions of higher learning and those considering the hospital the appropriate place for nursing education. The trend toward college preparation has triumphed as evidenced by the decline in numbers of diploma programs and the spiraling surge in associate degree and baccalaureate programs. Despite the cyclical nature of nursing shortages, there has been continual growth in the *number* of educational programs for nurses with the current figure hovering around 1,450.

Type of nursing education and geographic location are the two most powerful variables in explaining differences among nurses in general and new RNs in particular. Historically the newest form of nursing education, associate degree programs now comprise the majority—over 60%—of nursing preparation programs in America. Diploma programs, which predominated for most of nursing's illustrious history, are now the minority—less than 10 %—while the proportion of basic baccalaureate programs has remained essentially stable at about one-third of the total throughout the last century.

The Significance of Nursing Education Programs

The ratio of associate degree programs vis a vis diploma and baccalaureate programs varies from region to region. It is noteworthy that the remaining number of diploma programs are concentrated in the north eastern portion of the nation and the number of associate degree programs grows as one moves westward. The proportion of basic baccalaureate programs is highest in the New England region and hovers around the 30% mark in all other locations.

In regard to educational preparation, the cohort of recent graduates is *not*, however, a mirror image of the current nursing supply. According to the *1988 RN Sample Survey* conducted by the Department of Health and Human Services, diploma graduates comprise approximately 40% of the nation's nursing supply, associate degree graduates represent 25% and baccalaureate,25%. In the *1977 Sample Survey*, 67% of the supply was prepared at the diploma level, 11% at the associate degree level, and 18%,baccalaureate. This confirms that the growth in associate degree programs is having an impact on the general supply.

Another significant characteristic emerges in understanding the educational backgrounds of new RNs. A greater proportion of the contemporary cohort has had experience in the health care delivery system prior to RN licensure. Almost one-third of the new RNs had practiced as licensed practical/vocational nurses, and a significant percentage of these individuals *returned to their previous employer as RNs*. A closer look at these data reveals that over 40% of the associate degree graduates had previously practiced as LPN/LVNs, almost 20% of the diploma graduates had previous LPN/LVN experience and less than 10% of the baccalaureate alumni were previously LPN/LVNs.

The implications of these data are noteworthy for several reasons. First, it is evident that RN licensure is a measure of career mobility for many already employed in the health care system. For the nursing executive this suggests that continuing education can be a powerful factor in retaining exemplary employees working as paraprofessionals. These individuals already acclimated to the institution and its unique milieu usually return to repay their employers with many years of dedicated service. Second, as a recruitment strategy, nursing educators may target LPN/LVNs as potential students in their programs.

Advancement of LPN/LVNs to RN licensure offers interesting opportunities and challenges to both the executive and the employee. Many new nurses who took the time to write us were new RNs who were previously employed as LPN/LVNs. They voiced concerns about the loss of seniority when they became RNs. Often they were forced to work undesirable shifts, and their salaries were only nominally better than they had been as LPN/LVNs. Most often they protested the treatment they received from their new colleagues who, remembering them as paraprofessionals, questioned their capabilities as RNs. In short, executives must be aware of both the positive and negative aspects of advancement from LPN/LVN to RN.

The Many Faces of Newly Licensed Nurses

Data on the demographic characteristics of the newly licensed nurses are perhaps the most vital information needed to recruit and retain employees. Variables such as marital status, presence of dependent children, and age all have important implications relative to scheduling, activity status, and the desirability of child care as possible benefits at your institution. Understanding the potential applicant pools from which your new nurses are recruited will place you in a better position to offer the benefits and working environment that are most attractive to today's new nurses.

While associate degree graduates predominate among the contemporary cohort of new RNs, it is important to note that the trend toward associate degree education has profound implications for the future supply of nurses. Associate degree graduates are demographically different from their diploma or baccalaureate counterparts. Most significantly, associate degree alumni are more mature with an average age of almost 34. The typical diploma graduate is approximately 29, and the average baccalaureate graduate is 27.

Not surprisingly, age is related to marital status and the presence of dependent children, and indeed, the majority (over 62%) of new RNs coming from associate degree programs are married and over half have dependent children at home. The comparable figures for diploma graduates show that about equal numbers are married and single, and one-third have children at home. The baccalaureate-prepared new RN is most likely to be single (57%) and childless (80%).

The overwhelming majority of new nurses are white females. Nursing remains the archetypical women's profession with over 94% of its members being female, and there is little variation among the geographic regions. While a large majority (over 90%) of new RNs are white, great variation exists throughout the nation. The largest proportion of blacks is found in the South Atlantic and East South Central regions, and the largest groups of Hispanics, Asians, and American Indians are located in the Pacific region.

Employment Patterns Among New Nurses

Supply and Demand for New RNs

The recent nursing shortage has fostered some damaging myths about the nursing profession. Claims are made that nurses are fleeing from the bedside or quickly "burn out" and seek other careers. Empirically these claims are false for both the general supply of nurses and particularly for the cohort of new RNs. Almost a year after graduation, 98% of new RNs are employed in nursing suggesting strong commitment to the profession. Moreover, the majority of the 2% that are not employed in nursing are voluntarily unemployed because of family obligation or continuing education. It is noteworthy that after almost a year of experience, the majority (81.5%) of new RNs are still employed at their first nursing job.

Several indicators confirm that the demand for new nurses is extraordinarily high. First, a great majority (63%) of new nurses state that "many jobs" were available when they were job hunting. An additional 11% took jobs at the site of their clinical preparation and hence did not job-hunt at all. In a similar vein, over 82% of newly licensed nurses accepted positions *before graduating* from nursing school indicating that early recruitment of senior nursing students is a successful strategy. Indeed, 97% of new graduates found jobs within three months of obtaining licenses.

Employment Profile of the New RN

Despite the rapid growth in home and community health, the vast majority (92%) of new RNs are employed in acute care settings. Just under 4% are employed in long-term care, 2% are working in community/public health, and the remainder hold positions in ambulatory settings such as schools and physician's offices.

Regardless of employment setting, the great majority (85%) of new RNs are working full-time. Even among those working as school nurses or in physicians offices, over three-fourth are considered full-timers. In view of the fact that many have dependent children living at home, these data are impressive reminders of their commitment to nursing.

What attracts a new RN to a particular position? A significant proportion (30%) state the "ability to practice in my chosen specialty" as the number one reason for choosing their current job, and 29% took their present job because of "prior experience in the institution." These data document that new RNs are career-minded and committed to the nursing profession. New RNs seek employment that offers them the practice *they* want, and often they build upon prior experiences to achieve higher status. In short, these newly licensed nurses are not taking the first job they encounter; they are educated, ambitious individuals seeking positions that permit growth and professional satisfaction.

Despite conventional wisdom that nurses are primarily motivated by money, only 11% claim that "salary" was the primary reason for choosing their current position. In fact, "salary" ranked very low on the scale behind "reputation of the institution" and "location".

Starting salaries for nurses vary considerably by region. While the national average for full-timers stood at $25,089 at the completion of the study, the highest average salaries were reported in Connecticut ($32,032), Alaska ($30,102) and New Jersey ($29,277). The lowest mean full-time salaries were reported in North Dakota ($20,282), South Dakota ($20,447), and Iowa ($20,903).

Factors Associated with Job Satisfaction

An astounding 80% of newly licensed nurses claim satisfaction with their current jobs, and almost 50% of them attribute their satisfaction to "working in desired specialty." An additional 25% cite "salary/benefits" as the primary source of their satisfaction.

It is noteworthy that job satisfaction is high among all demographic groups. Some variation, however, does exist. For example, among the different racial-ethnic backgrounds, 80% of the American Indians and Hispanics expressed satisfaction with their current employment, while only 69% of the blacks reported satisfaction. Another interesting finding indicates that rates of satisfaction decrease *slightly* with age. In other words, the younger newly licensed nurses, below age 24, express somewhat greater satisfaction than their older counterparts. Job satisfaction is virtually equal regardless of marital status and presence of children.

A significant plurality (44%) of those dissatisfied with their current position state "poor working conditions" (which include forced overtime, mandatory rotation, etc.) as the primary source of their discontent. "Inadequate salary" ranked second among the reasons for dissatisfaction (31%) and "unsatisfying staff relations" is a very close third (29%).

Indeed, there is some relationship between salary and satisfaction. Those reporting "salary" as their primary source of satisfaction are on average earning more than the other satisfied nurses: $26,513 compared with $25,352. In addition, those stating "inadequate salary" as their primary source of dissatisfaction report lower earnings than other discontented newly licensed nurses: $22,716 compared with $24,305. In short, while salary *per se* is not necessarily the most frequently cited source of satisfaction, it is a good predictor of job satisfaction.

Adequacy of Orientation

Perceived adequacy of orientation engendered some important results, and many respondents chose to remark on their experiences. In general, almost half of the newly licensed nurses evaluated their orientation as excellent or very good. An additional 27% assessed their orientation as good, 15% fair, and 6% poor. Approximately 3% claimed they received *no orientation* at all.

A rigorous content analysis was performed to categorize and analyze the qualitative, i.e., descriptive, data provided by respondents. Assessments of orientation fell into several global categories including: (a) the amount of time devoted to orientation, (b) the staff assigned to orientation, (c) the performance of the preceptor, (d) the amount and quality of the clinical and classroom training, and (e) organization of the orientation program.

Positive evaluations (e.g., "excellent/very good") were most strongly related to the sufficient amount of time devoted to orientation with over 55% of the respondents stating this. Over one-third of the respondents claimed that the performance or abilities of their preceptor contributed to their successful orientation. Smaller groups of new RNs considered their orientation excellent or very good because of "good courses/classroom training" (16.5%) and "good co-workers" (18.5%).

As one might expect, those newly licensed nurses who evaluated their orientation neutrally or negatively ("good/fair/poor") were most likely to assert that the amount of time devoted to orientation was insufficient

(36.5%). "No preceptor/poor preceptor" and "did not learn what I needed" tie for second place among the chief reasons for negative evaluations of orientation.

Closer analysis reveals that the majority of those who received no orientation at all were previously employed as LPN/LVNs. It was this group that was most vocal about their feelings. These new RNs objected to the attitude their administrators seemed to have about them, i.e., an LPN/LVN is already a nurse who needs no special orientation to the RN role.

The growing group of LPN/LVNs advancing to RN licensure presents an instructive illustration of how important it is to clearly distinguish the functions of professional, registered nurses vis- a-vis the technical practical nurse. It is neither desirable nor appropriate to consider the RN as interchangeable with the LPN/LVN. As described above, it is this attitude that "a nurse is a nurse is a nurse" that has contributed to the recent nursing shortage. RNs should not be performing those tasks associated with LPN/LVN licensure and vice versa. It is illegal and the staff resents it.

Adequacy of Nursing Education

A good measure of the success of an individual nursing educational program is how well graduates feel they were prepared for their current employment. A large majority (approximately 90%) of newly licensed nurses from all types of nursing educational programs responded that their classroom experiences prepared them adequately for their current position. While the overall majority responded positively in regard to adequacy of clinical preparation, some variation among the graduates of the different types of educational programs does exist. Over 90% of diploma graduates responded that their clinical preparation was adequate, while smaller groups of associate degree (73%) and baccalaureate (69%) graduates responded affirmatively.

These findings, while disturbing, are not unique. In previous studies of newly licensed nurses, baccalaureate graduates have consistently reported lower rates of satisfaction with their clinical experiences than the graduates of other programs. In an effort to explain this trend, the NLN Division of Research conducted a special study of clinical preparation at the nation's nursing schools in 1989. According to the findings:

> ". . . the issue of professional expectations and the influence of educational philosophies are certainly playing a role in these responses. For if BSN students are educated to perceive themselves as autonomous health care workers in community or public health care, those individuals may feel constrained by the bureaucratic, hierarchical structure of a hospital. And, though new BSNs often choose hospital employment, the dissonance they experience may be so powerful as to affect their perceptions of the adequacy of their education." (Rosenfeld and Kaufman, 1990)

Summary and Conclusion

The findings of the survey of newly licensed nurses offer a wealth of information on the demographic characteristics, educational backgrounds and employment experiences of the nation's newest RNs. There is little doubt that these men and women have entered nursing at an extremely turbulent period when shortages, cost containment efforts, and dislocation within the health care delivery system are rampant. Add to this the "graying of America," the AIDS epidemic and the plethora of health care problems associated with poverty and homelessness, and one recognizes that new nurses must possess a strong commitment to equitable health care and the public good.

As enrollments to nursing schools improve and fear of continued shortages subside, it is time to evaluate some of the strategies recently adopted to recruit and retain nurses to educational programs and to the practice settings. The astronomical growth in associate degree graduates presents both promise and dilemmas for nursing administrators. Clearly, the more mature, married associate degree student is as dedicated to full-time employment as are her diploma and baccalaureate counterparts. Age, however, does affect length of time in the workforce—the older the new graduate the fewer available years in the labor force. It is too soon to tell if this will have a significant impact on future supply.

It is vital that executives appreciate the consequences associated with the influx of LPN/LVNs into RN posi-

tions. No doubt LPN/LVNs are appropriate and desirable candidates for RN licensure. However, the transition from one to the other must not be taken for granted. In areas such as job satisfaction and attitudes toward job orientation, for example, those previously employed as LPN/LVNs expressed displeasure with the treatment they have received.

Clearly, the new crop of RNs are career minded, ambitious individuals committed to patient care and the profession of nursing. They choose positions that offer the ability to work in the specialty *they* desire not just what the institutions demand. They work full-time even if they have small children at home. They are often individuals who have had previous experience in health care and are now building their careers as professional nurses. They are nurses who are serious about health care—it's high time that the health care system recognize and reward them.

Peri Rosenfeld, PhD
Vice President
Division of Research

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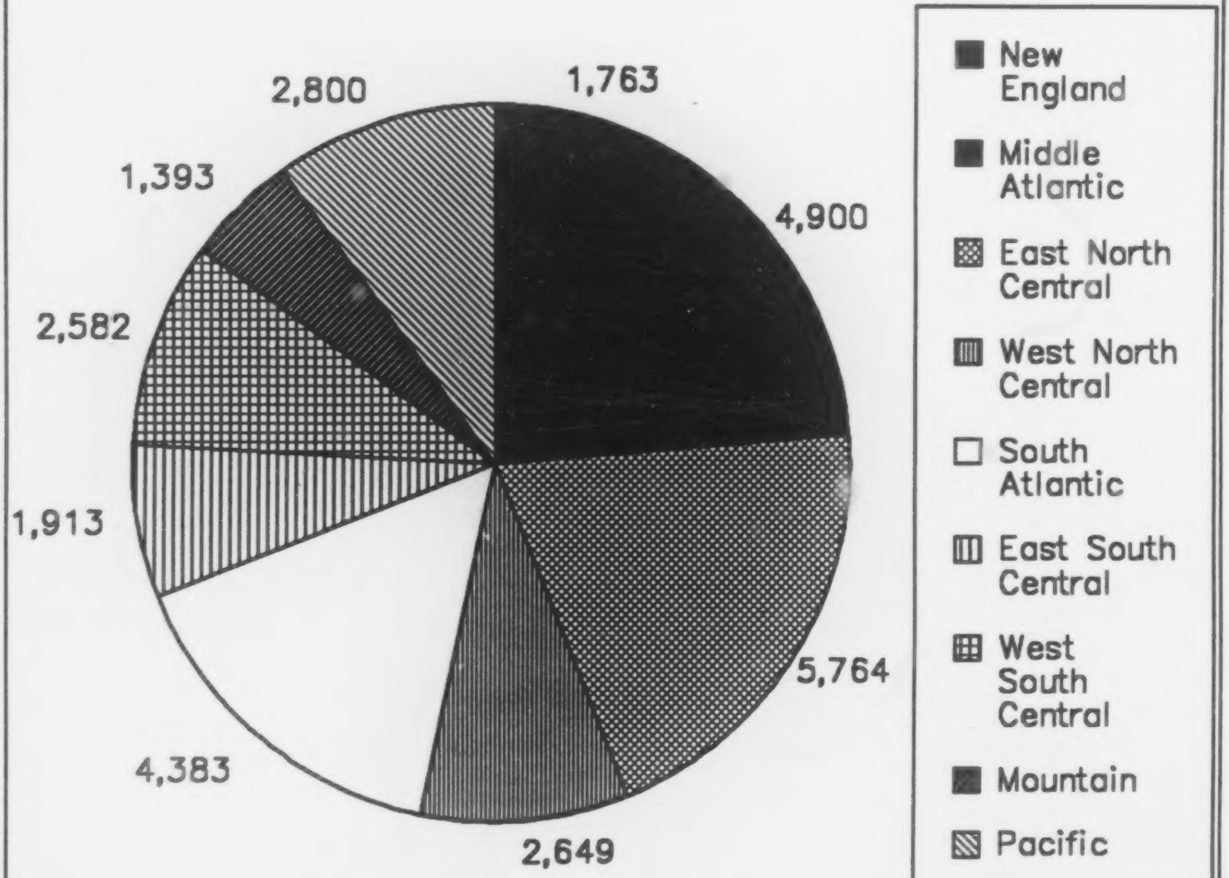
Section 2
Graphs

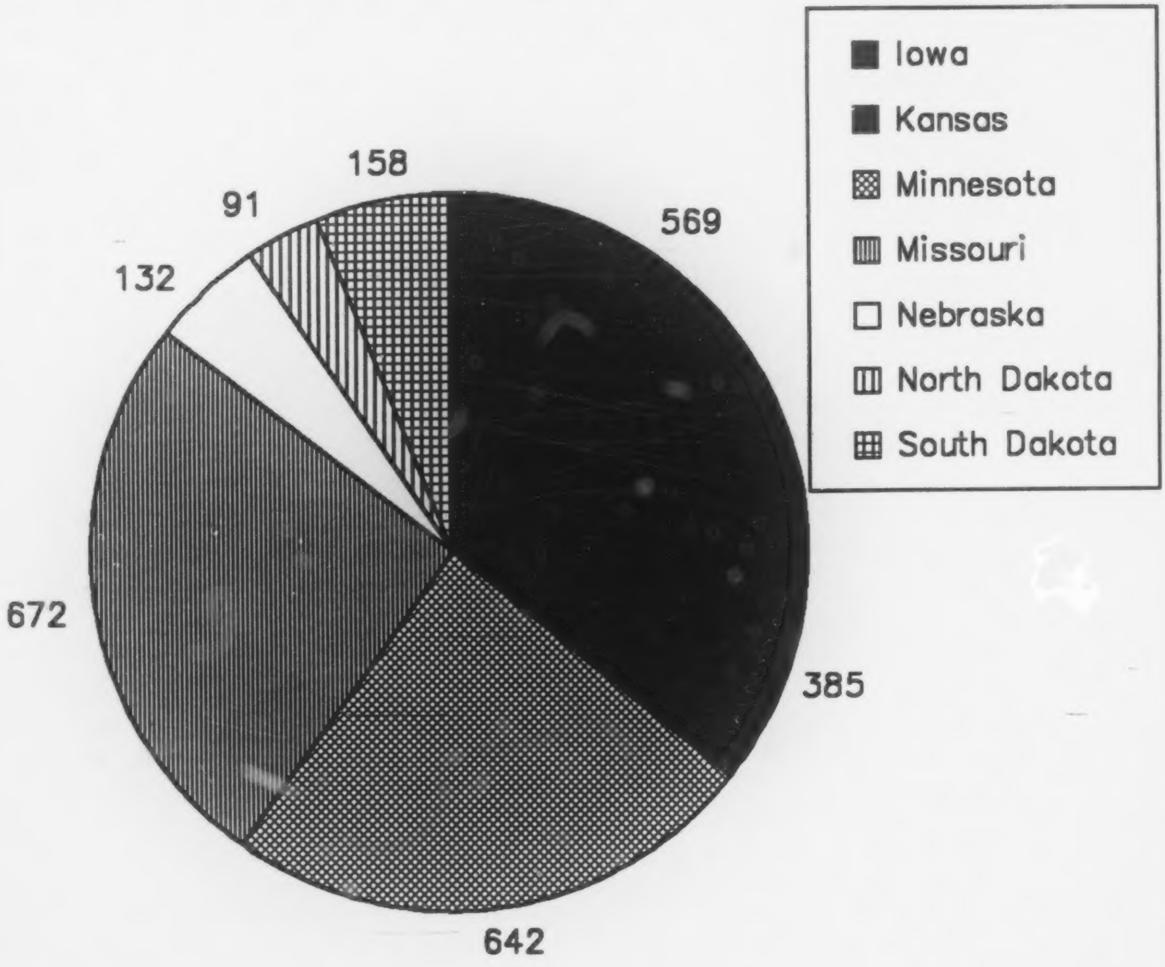
TOTAL NUMBER OF NEWLY LICENSED NURSES

The greatest number of newly licensed nurses reside in the East North Central states (5,764) followed by the Middle Atlantic (4,900). The smallest percentage currently live in the Mountain region (1,393).



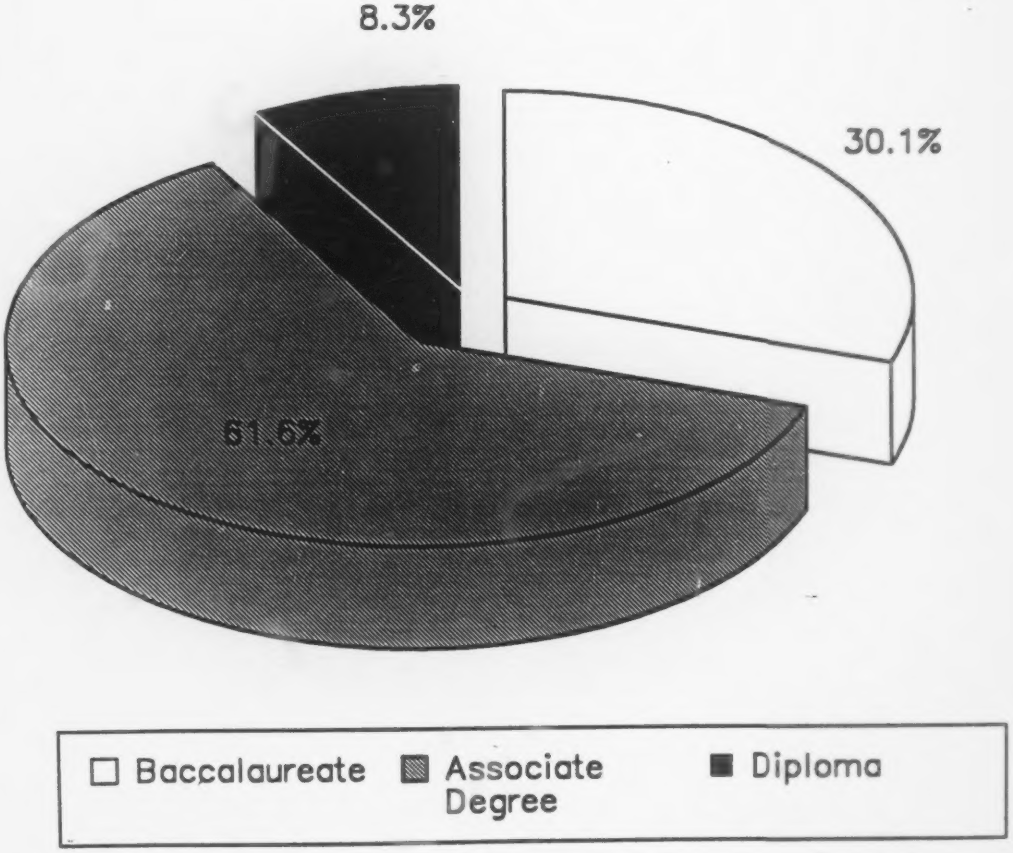
TOTAL NUMBER OF NEWLY LICENSED NURSES
West North Central Region

Missouri has the largest number of new nurses in the West North Central region followed by Minnesota.



NEWLY LICENSED NURSES BY TYPE OF NURSING EDUCATION, 1990

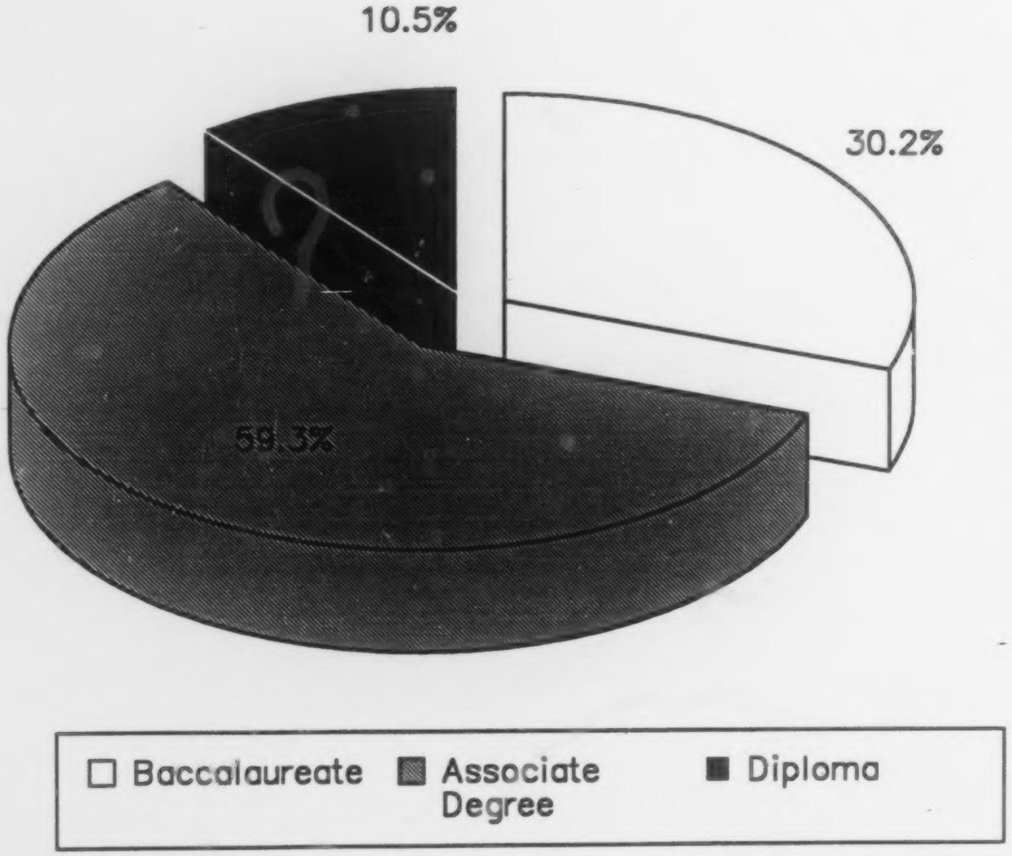
Over 60% of all new nurses have graduated from associate degree programs. Almost a third graduated with a baccalaureate, and just over 8% have diploma degrees.



NEWLY LICENSED NURSES BY TYPE OF NURSING EDUCATION, 1990

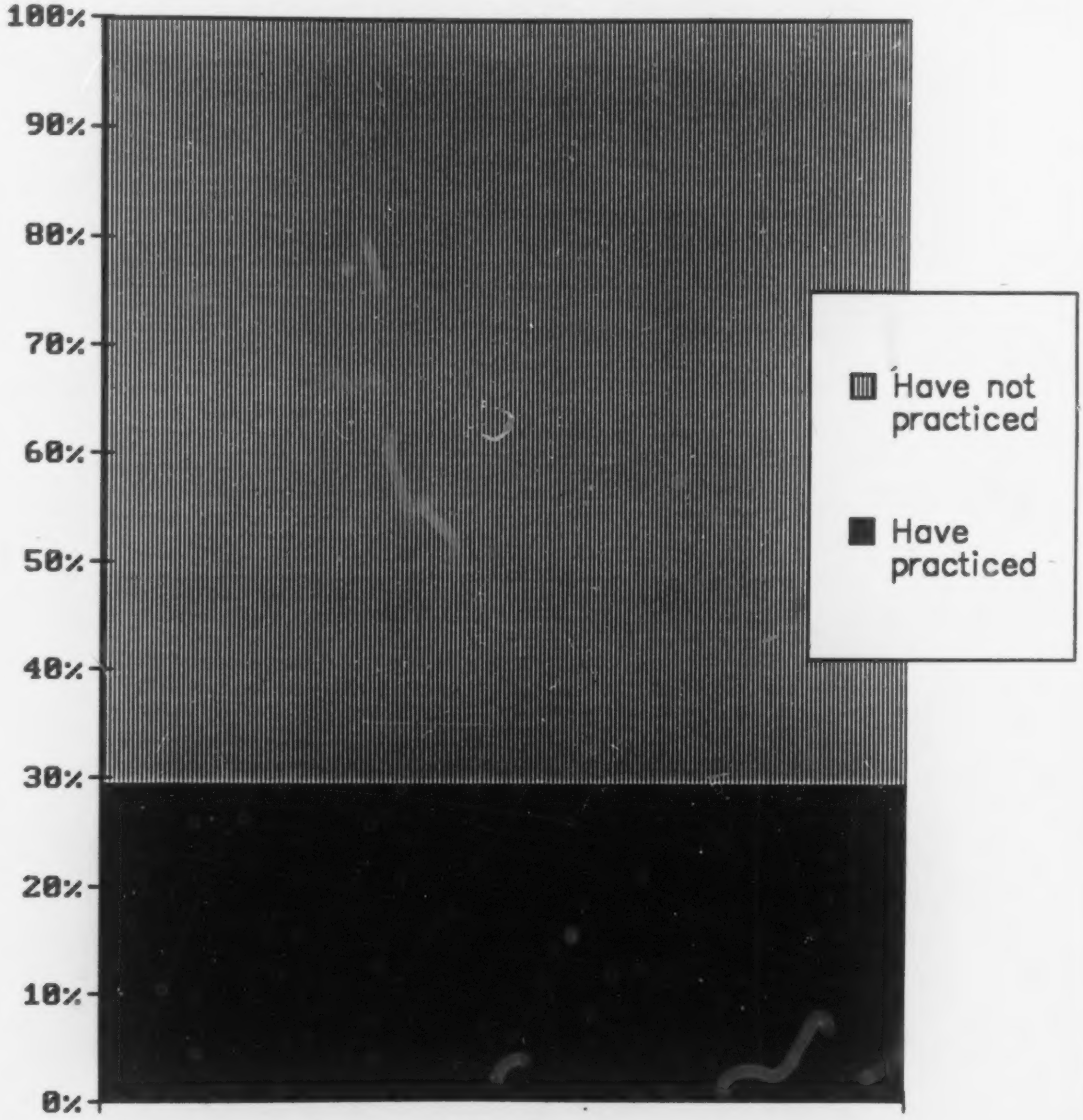
West North Central Region

Of all new nurses, 59% have graduated from associate degree programs. Almost a third graduated with a baccalaureate, and 10.5% have diploma degrees.



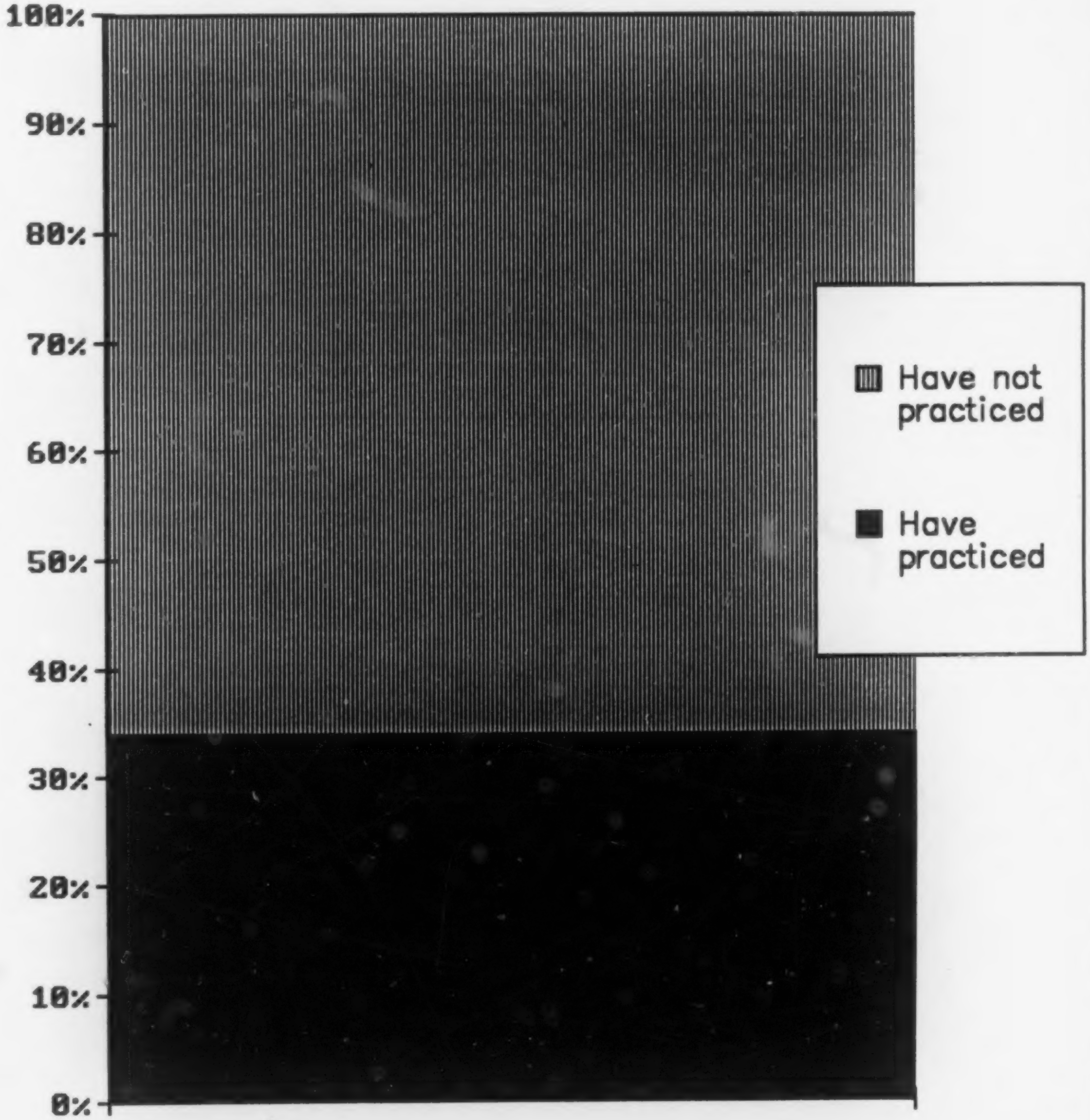
PRIOR LPN/LVN PRACTICE AMONG NEWLY LICENSED NURSES

Almost one-third of all newly licensed nurses have practiced as LPNs/LVNs.



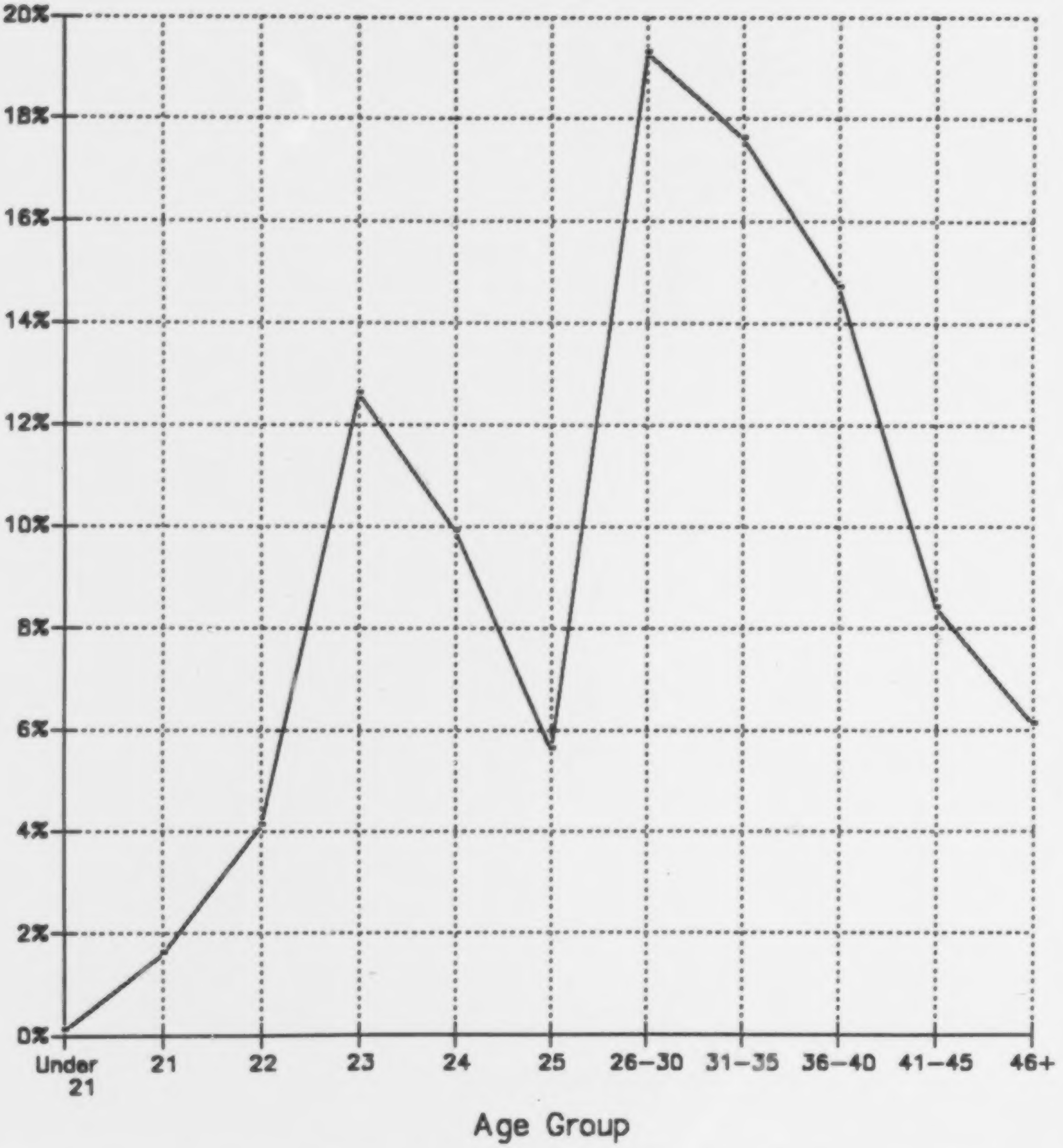
PRIOR LPN/LVN PRACTICE AMONG NEWLY LICENSED NURSES
West North Central Region

Of new nurses in the West North Central region, 34% have practiced as LPNs/LVNs.



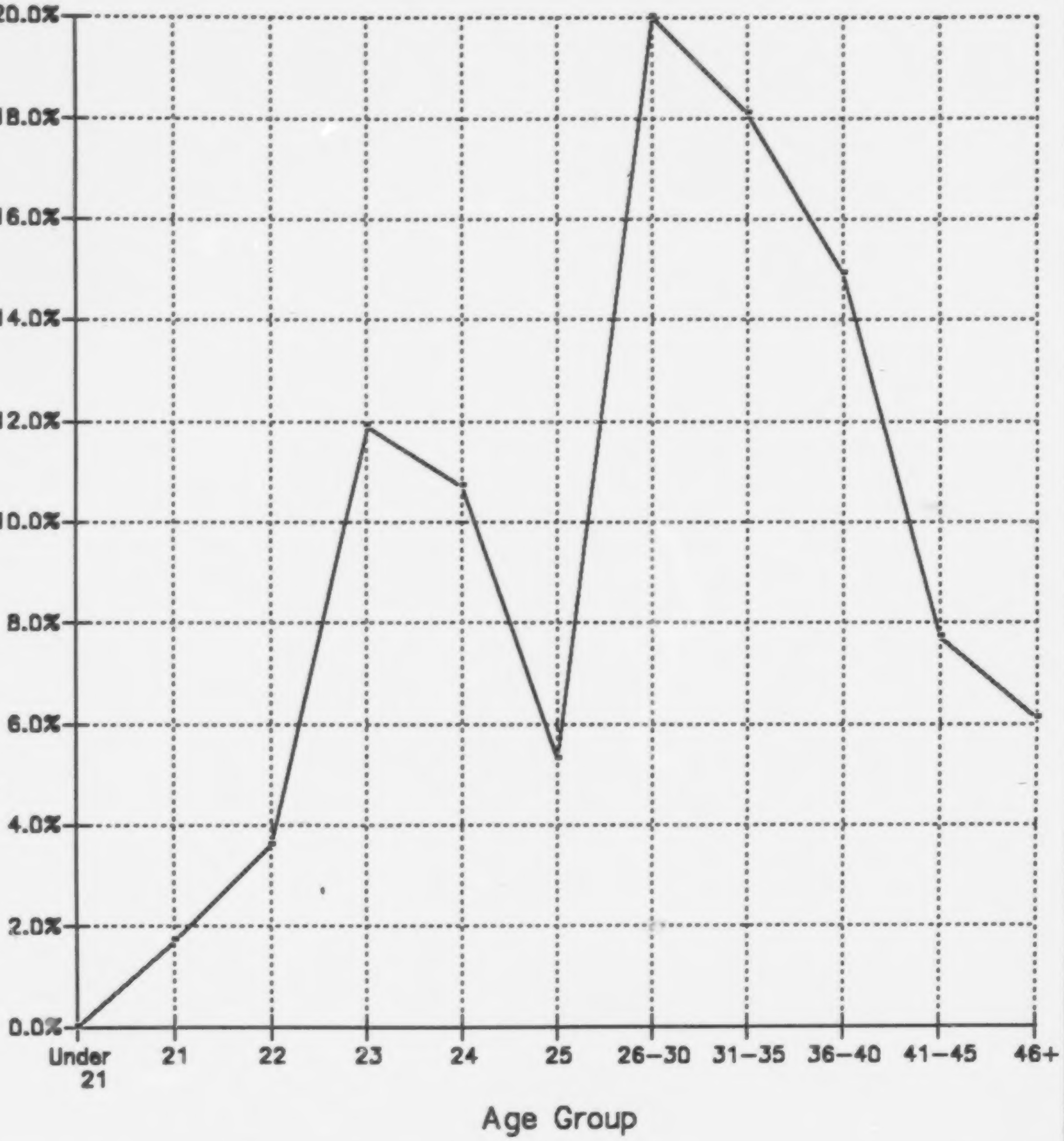
AGE DISTRIBUTION OF NEWLY LICENSED NURSES, 1990

The average age of new RNs is bimodal. The largest group of RNs consists of those 26 to 30 years old. Another peak exists at the 23-year-old mark.



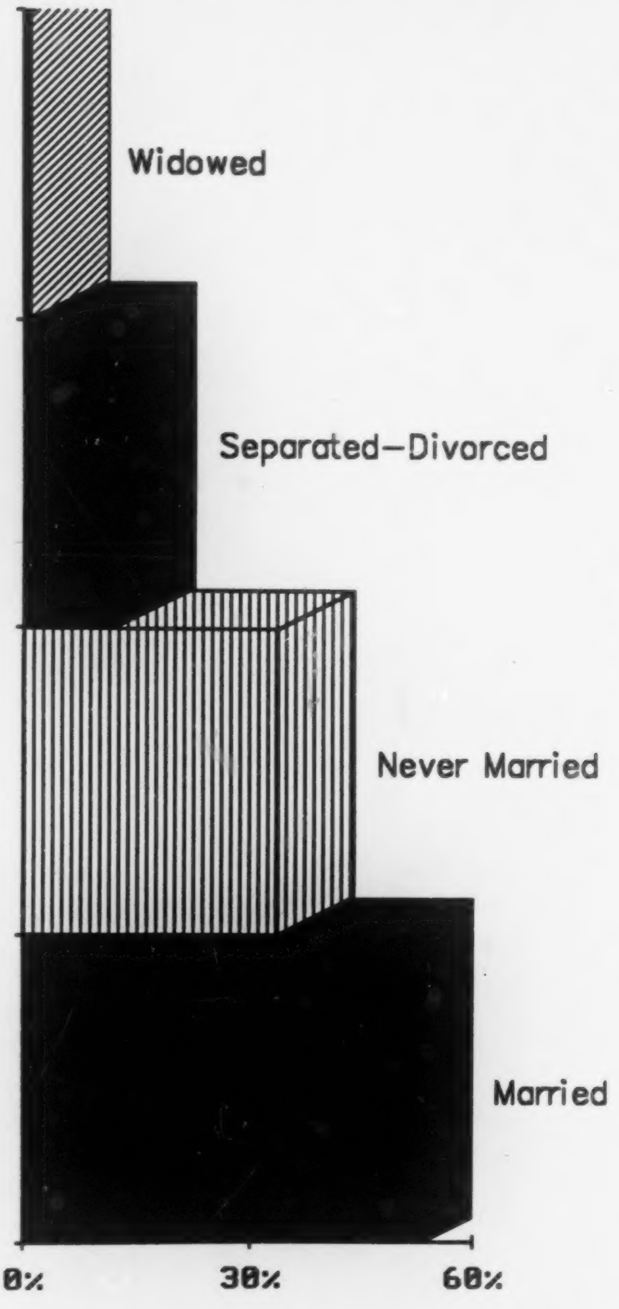
AGE DISTRIBUTION OF NEWLY LICENSED NURSES, 1990
West North Central Region

A plurality of newly licensed nurses in the West North Central region are ages 26 to 30. The next largest group consists of 31 to 35 year olds.



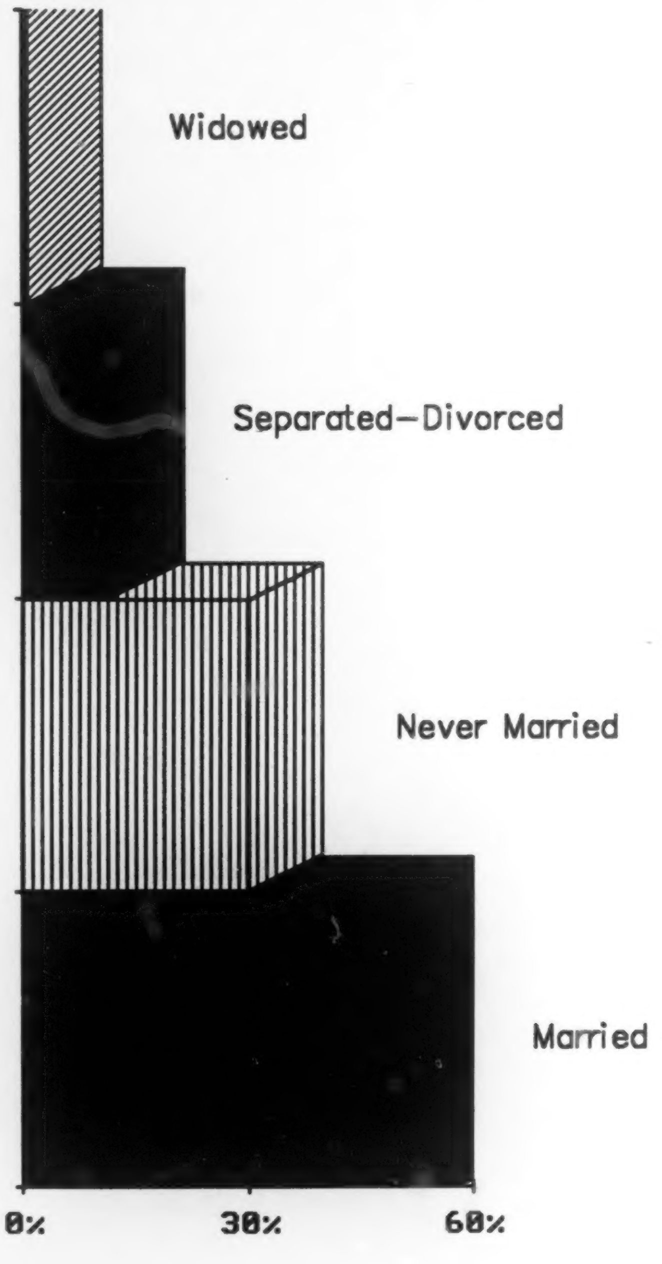
MARITAL STATUS OF NEWLY LICENSED NURSES, 1990

A majority of newly licensed nurses are married.



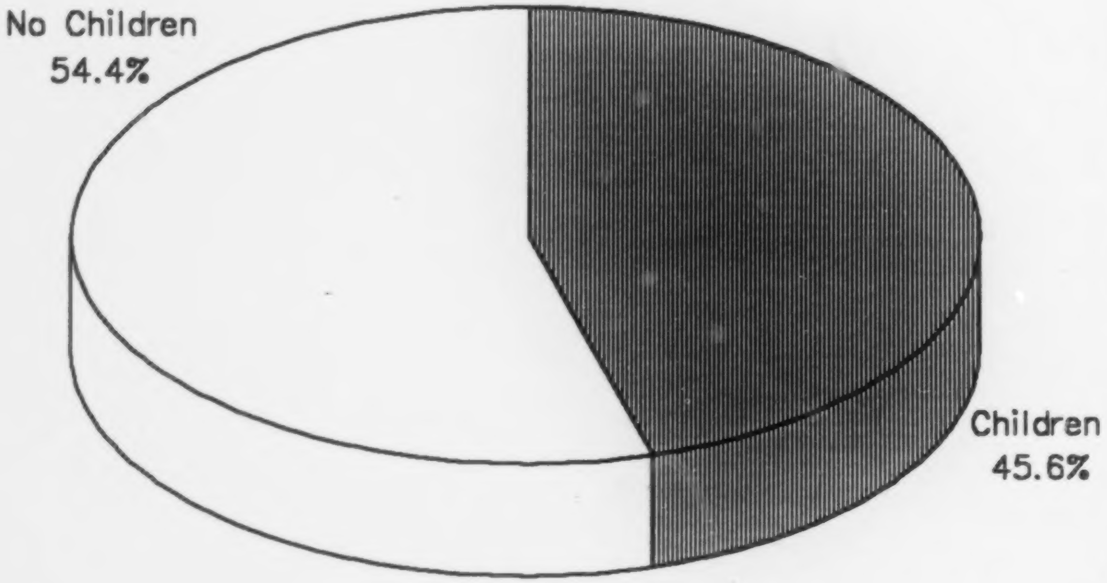
MARITAL STATUS OF NEWLY LICENSED NURSES, 1990
West North Central Region

A high proportion of new nurses in the West North Central region are married.



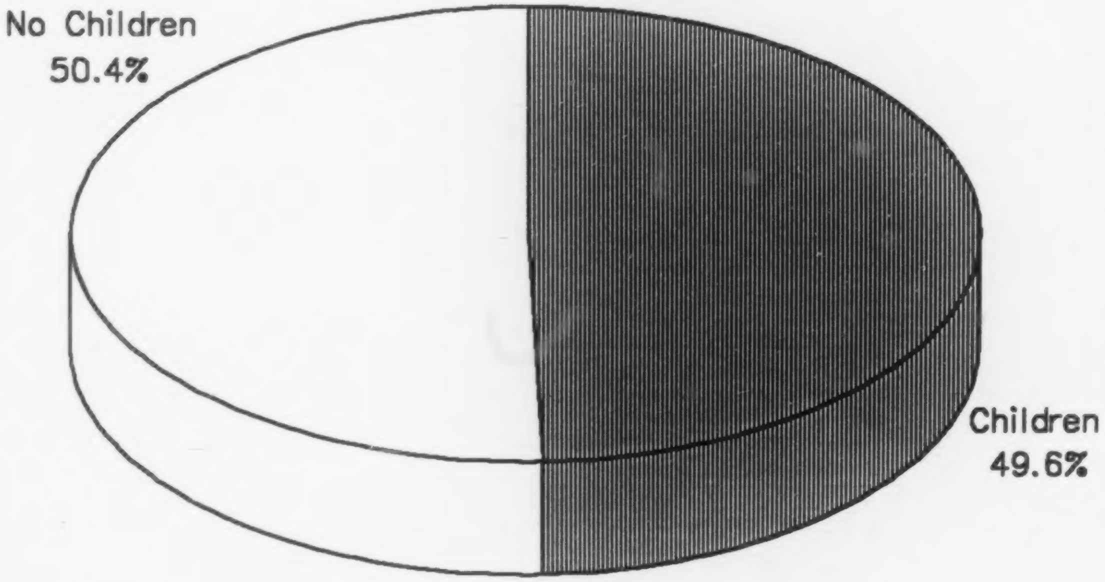
PERCENTAGE OF NEWLY LICENSED NURSES WITH AND WITHOUT CHILDREN, 1990

The percentage of newly licensed nurses who have children is almost equal to the percentage who have no children at home.



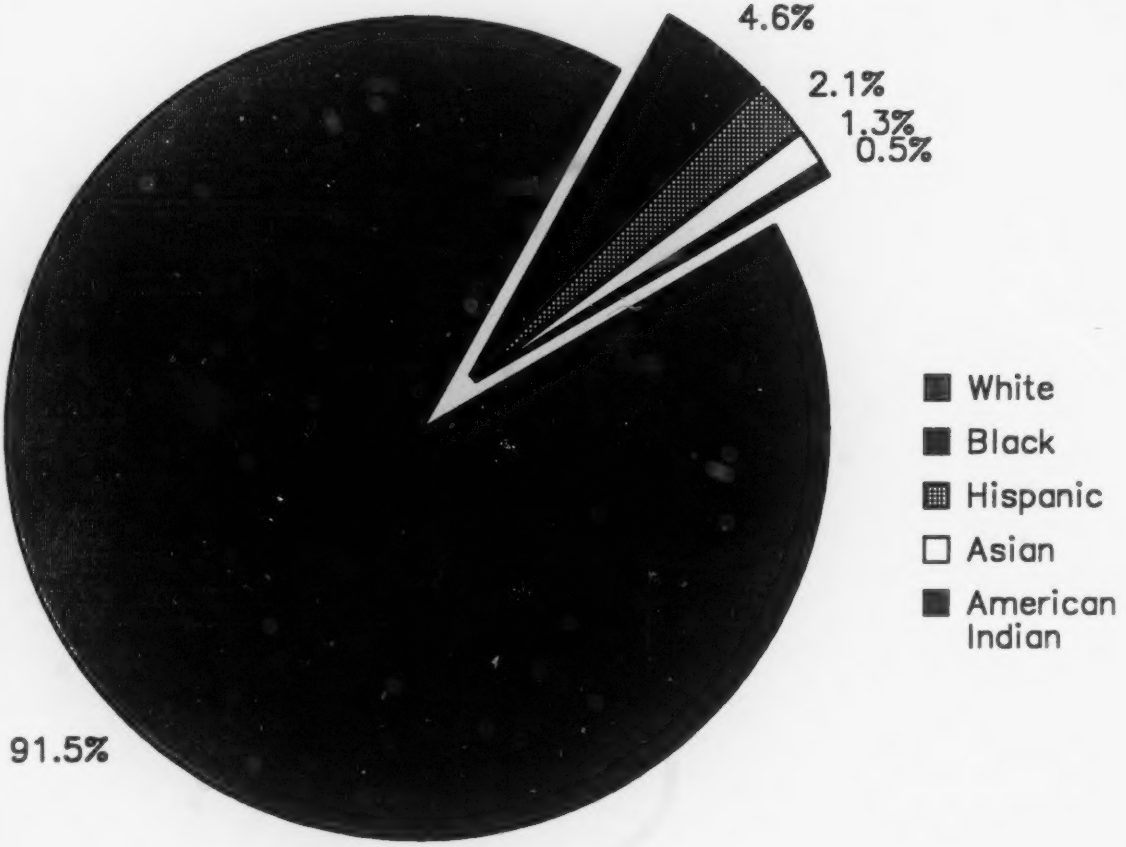
PERCENTAGE OF NEWLY LICENSED NURSES WITH AND WITHOUT CHILDREN, 1990
West North Central Region

New nurses in the West North Central region are split nearly evenly among those with and without children.



RACIAL/ETHNIC BACKGROUND OF NEWLY LICENSED NURSES, 1990

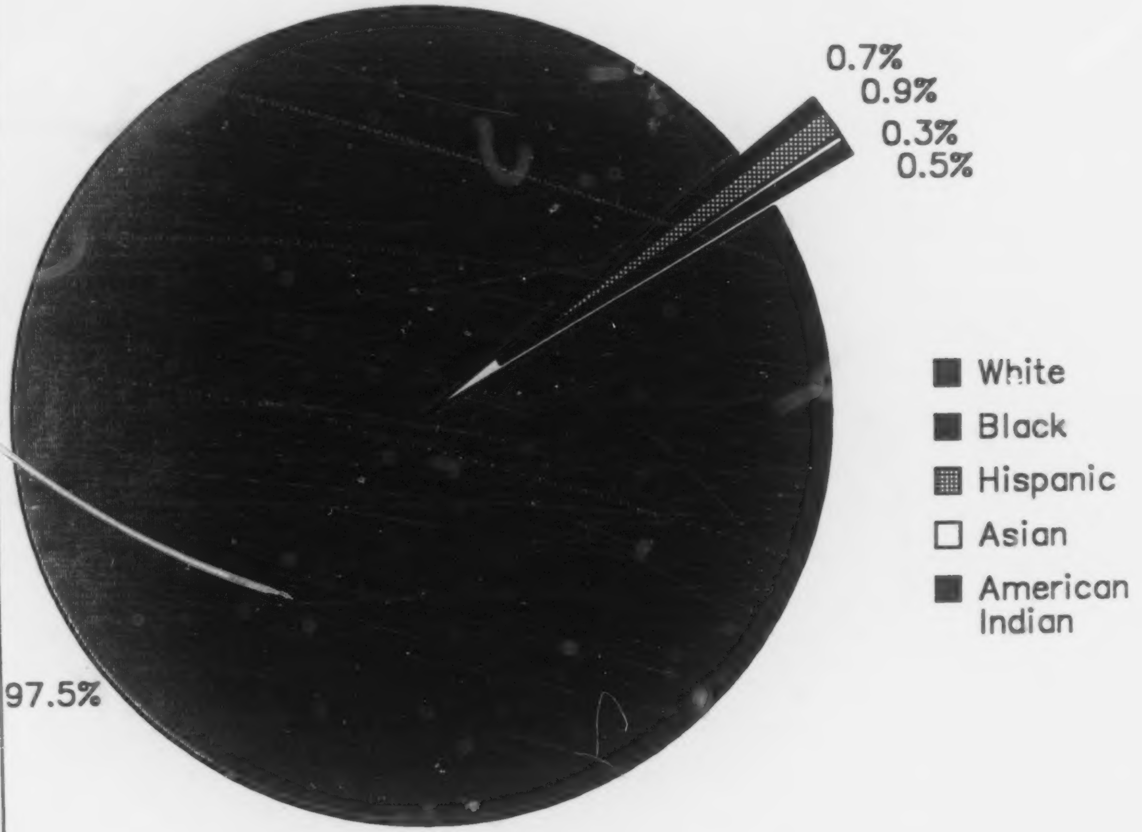
The overwhelming majority of newly licensed nurses are white. Less than 9% are non—white.



RACIAL/ETHNIC BACKGROUND OF NEWLY LICENSED NURSES, 1990

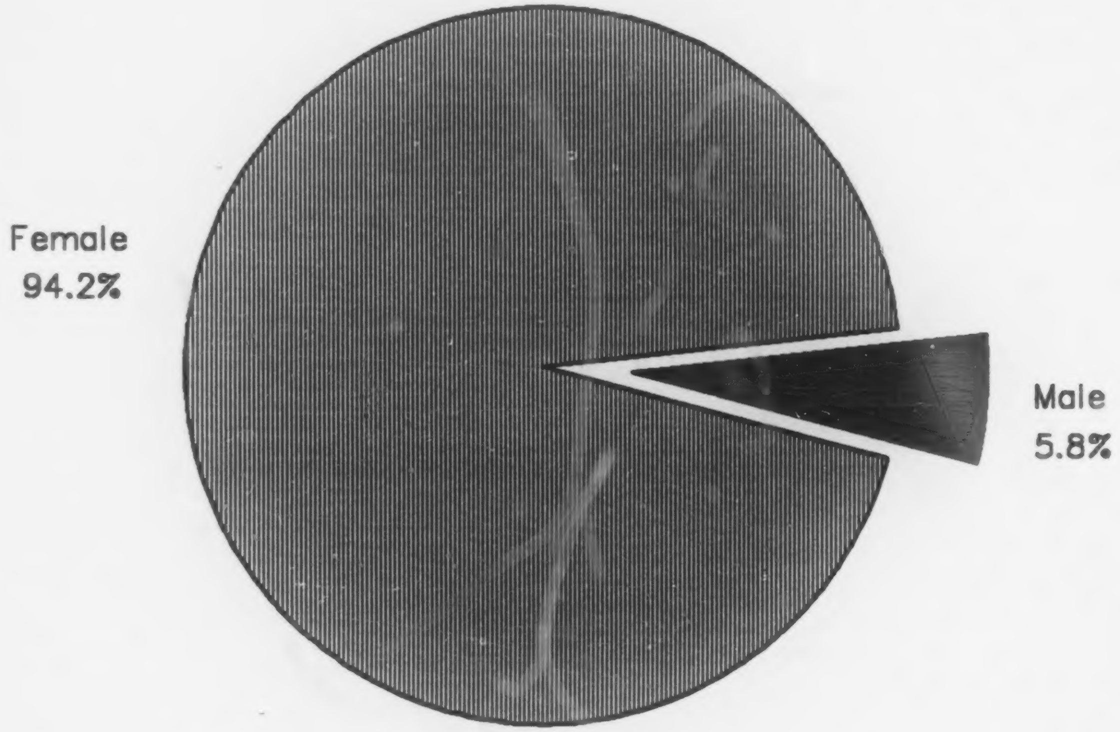
West North Central Region

The overwhelming majority of newly licensed nurses are white. Less than 3% are non-white.



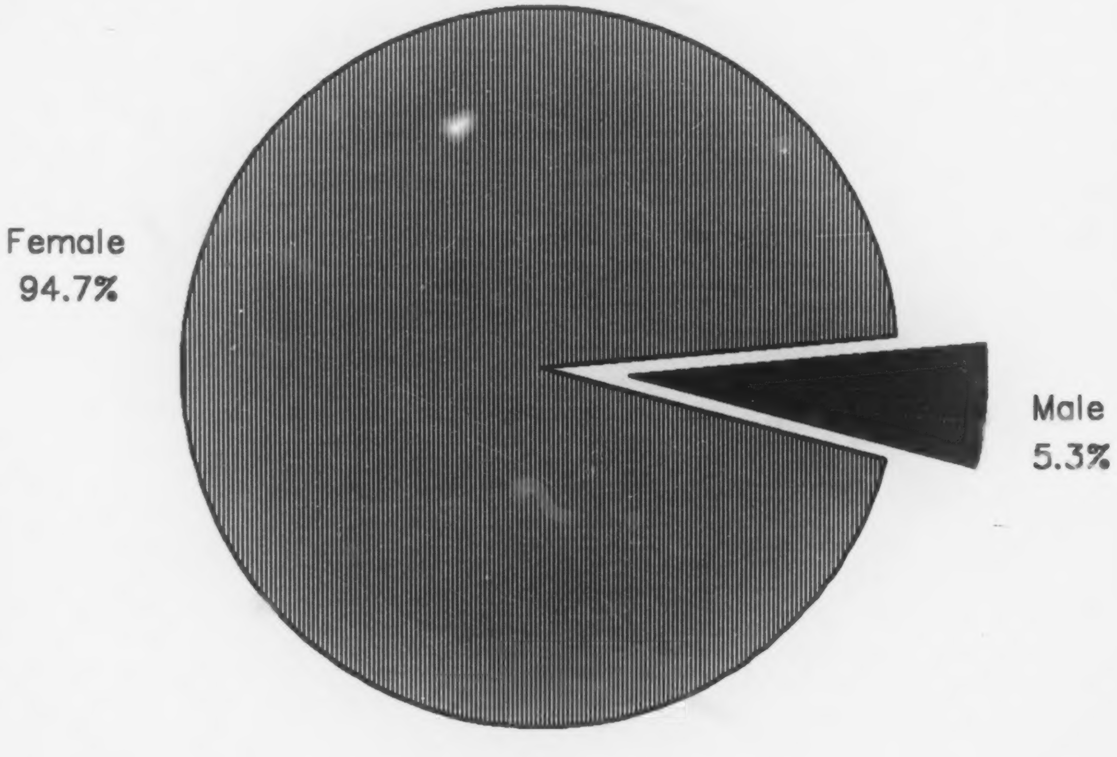
GENDER OF NEWLY LICENSED NURSES, 1990

An overwhelming majority of newly licensed nurses are female.



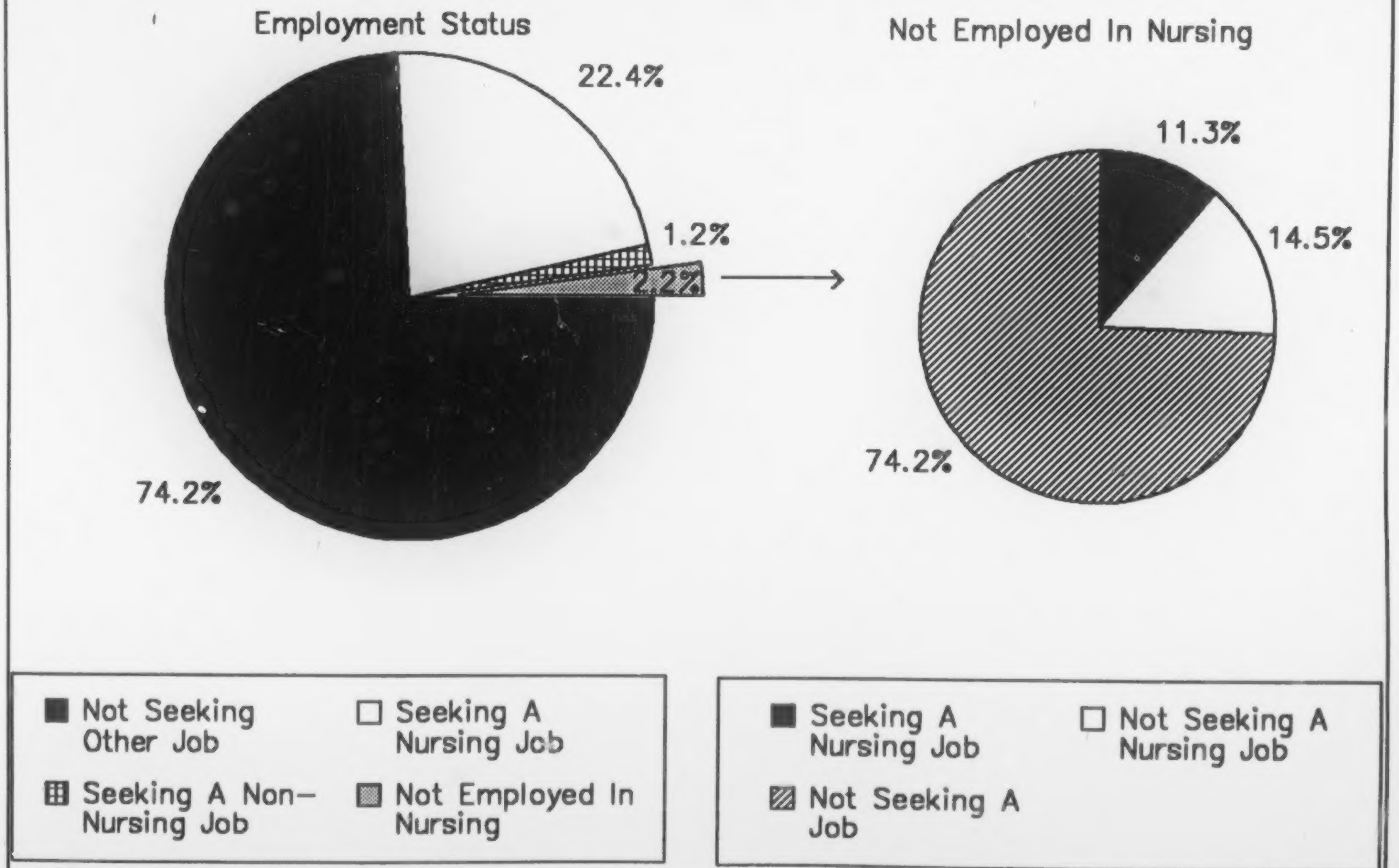
GENDER OF NEWLY LICENSED NURSES, 1990
West North Central Region

An overwhelming majority of newly licensed nurses are female.



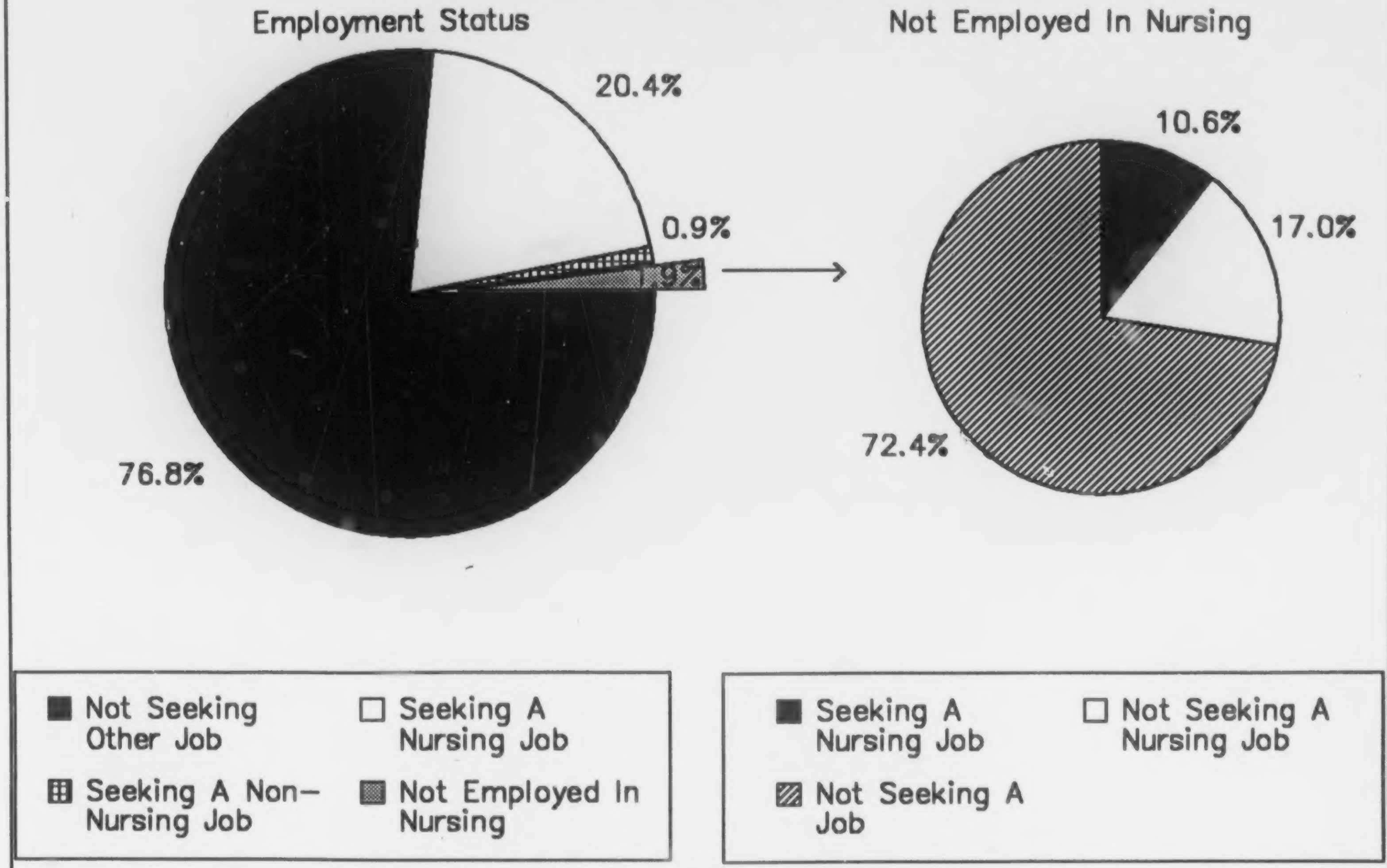
Employment Status of Newly Licensed Nurses, 1990

Over two-thirds of new nurses currently employed in nursing are not seeking another job. Of those unemployed, 74% are voluntarily unemployed.



Employment Status of Newly Licensed Nurses, 1990
West North Central Region

Over three–quarters of new nurses currently employed in nursing are not seeking another job. Of those unemployed, 72% are voluntarily unemployed.

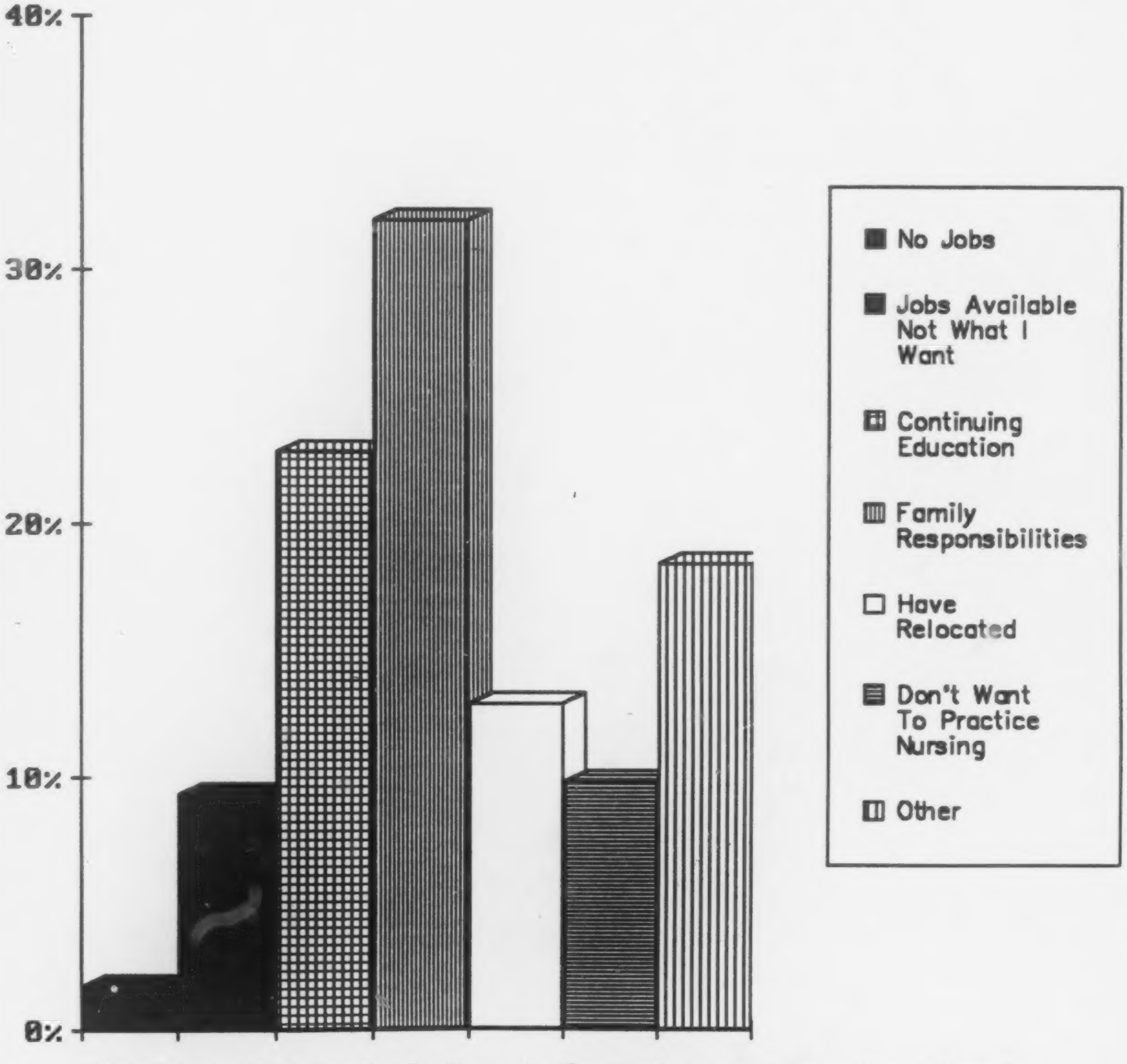


Employment Status

Not Employed In Nursing

MAIN REASON WHY NEWLY LICENSED NURSES ARE NOT EMPLOYED IN NURSING

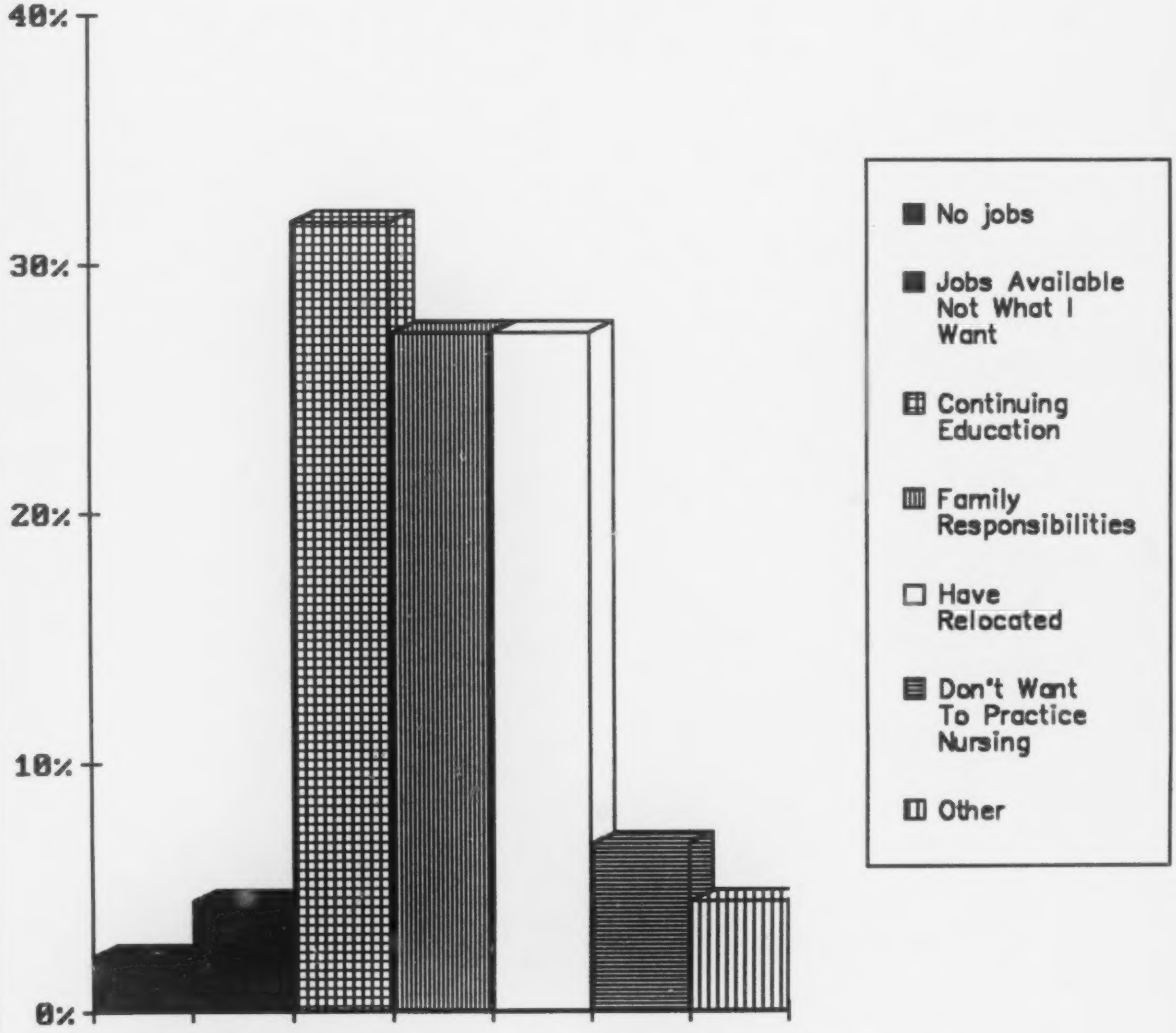
Respondents most often cited "family responsibilities" as their main reason for not currently holding a nursing position.



Note: Only 2 percent of all newly licensed nurses are not employed in nursing. Multiple responses allowed.

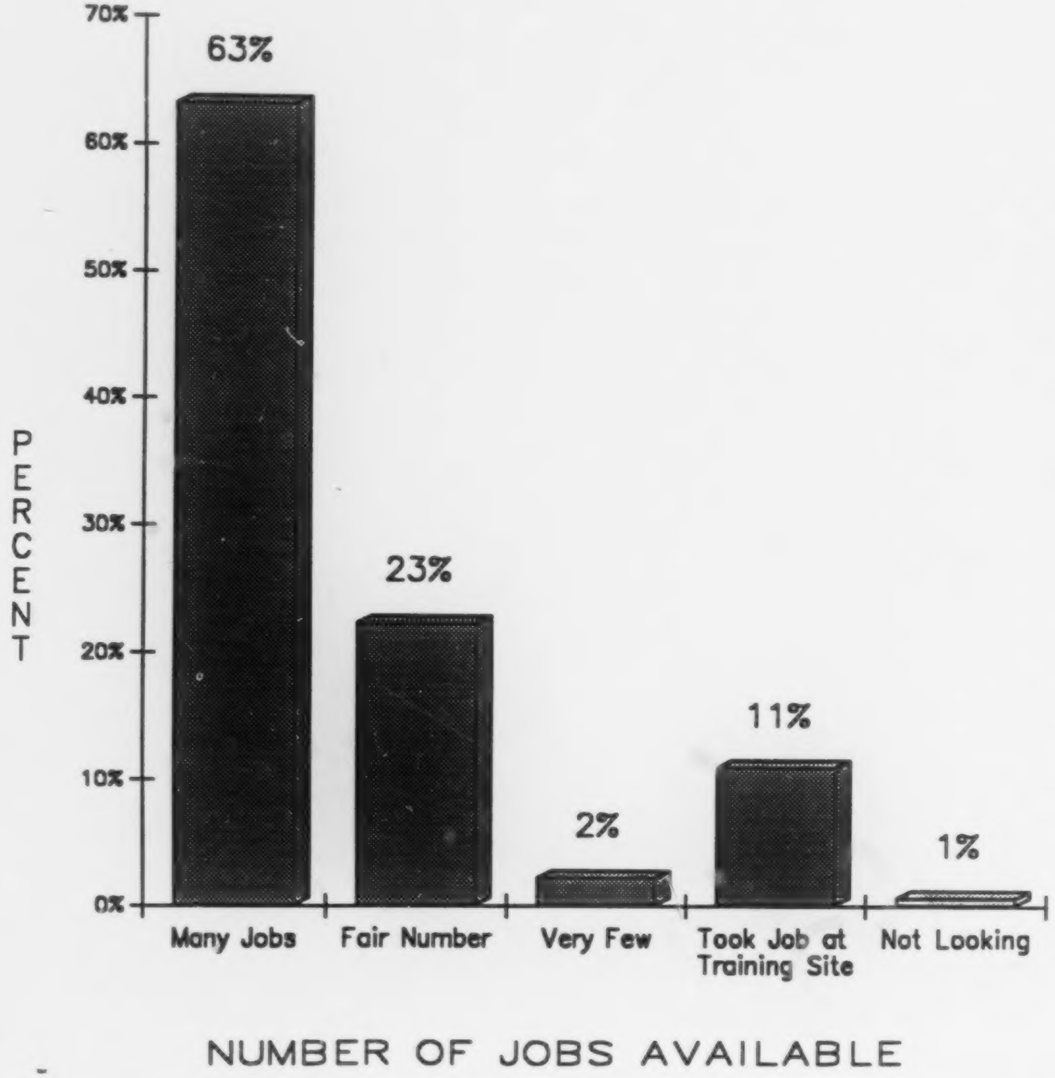
MAIN REASON WHY NEWLY LICENSED NURSES ARE NOT EMPLOYED IN NURSING
West North Central Region

Respondents most often cited "continuing education" as their main reason for not currently holding a nursing position. "Family responsiblities" and "have relocated" drew equal numbers of responses.



PERCEPTIONS OF JOB AVAILABILITY OF NEWLY LICENSED NURSES, 1990

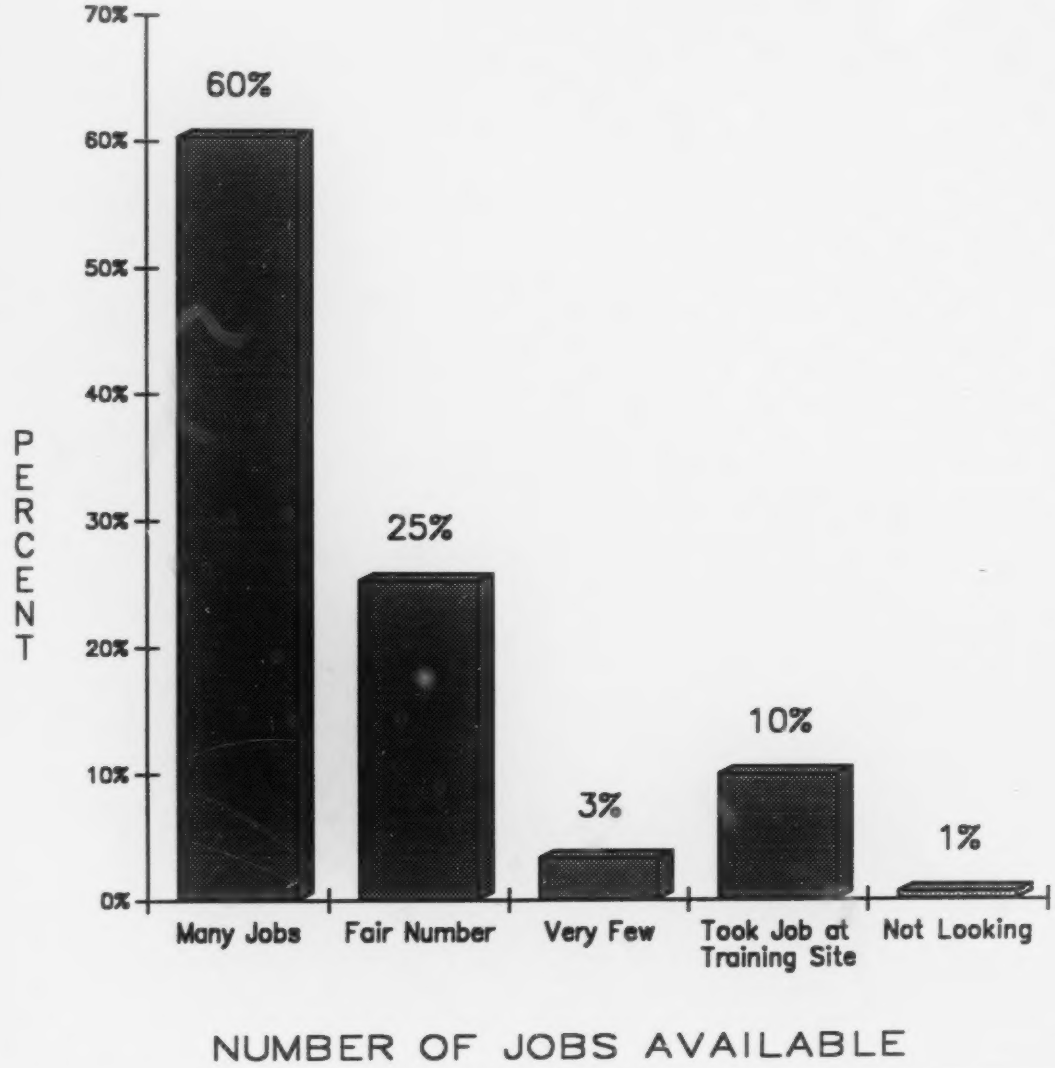
Almost two-thirds stated that "many jobs" were available when they were job-hunting indicating that demand for new RNs is strong.



PERCEPTIONS OF JOB AVAILABILITY OF NEWLY LICENSED NURSES, 1990

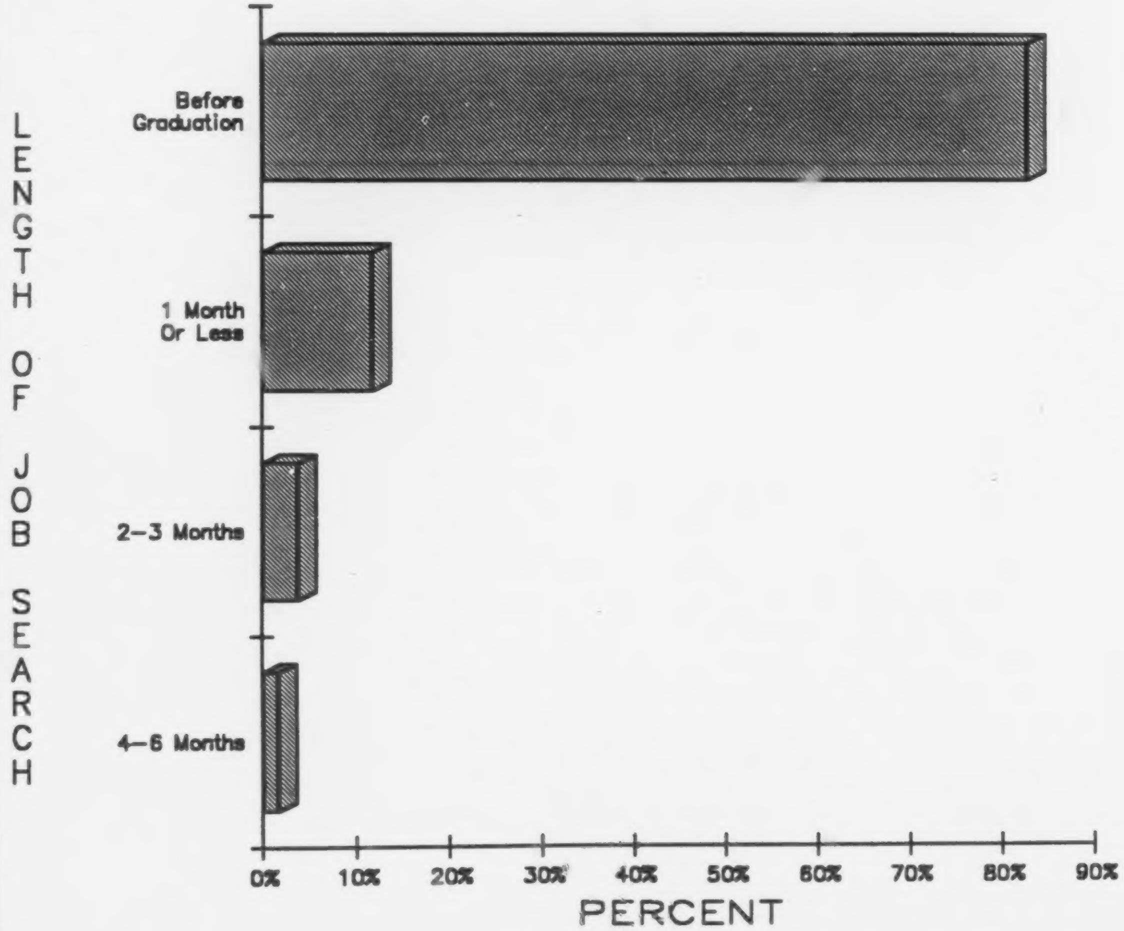
West North Central Region

Over 60% stated that "many jobs" were available when they were job–hunting indicating that demand for new RNs is strong.



LENGTH OF JOB SEARCH OF NEWLY LICENSED NURSES, 1990

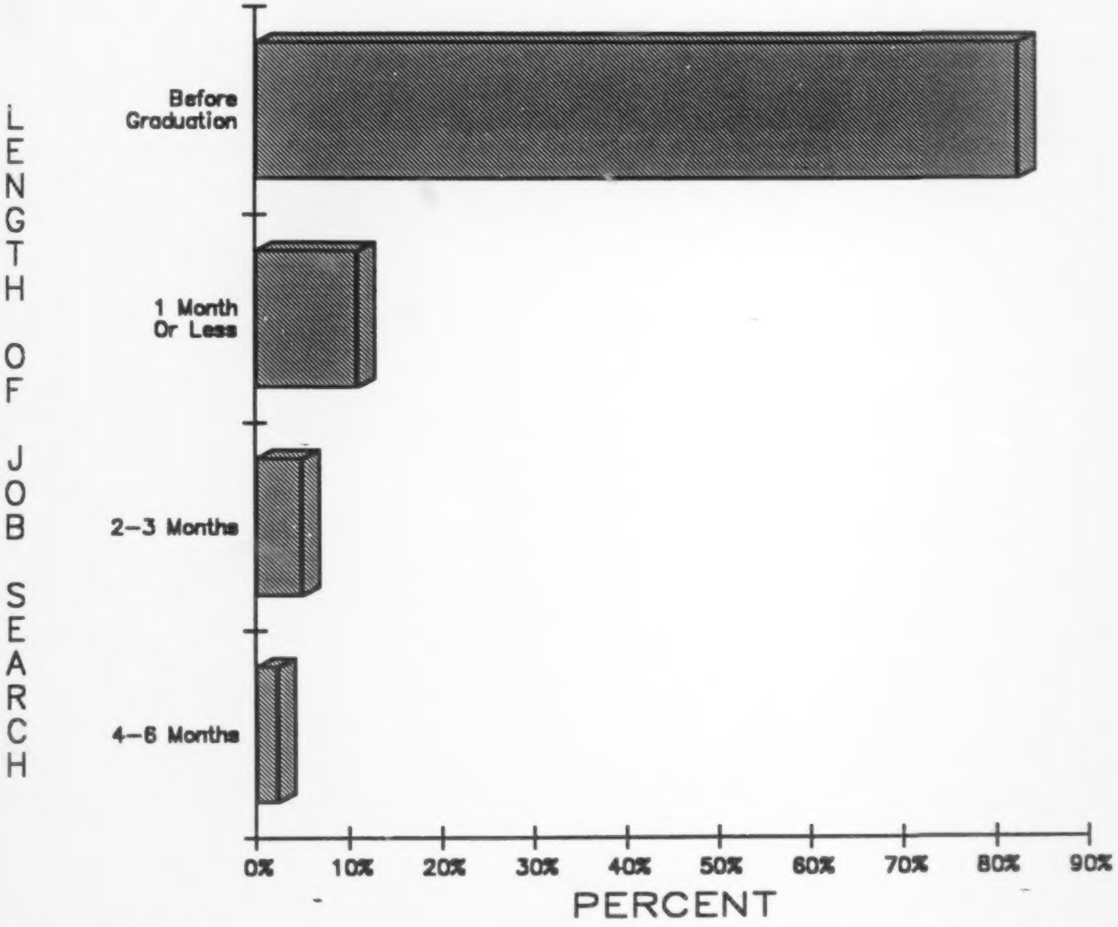
Demand for new RNs is high. Over 90% found jobs either before or within one month of graduation.

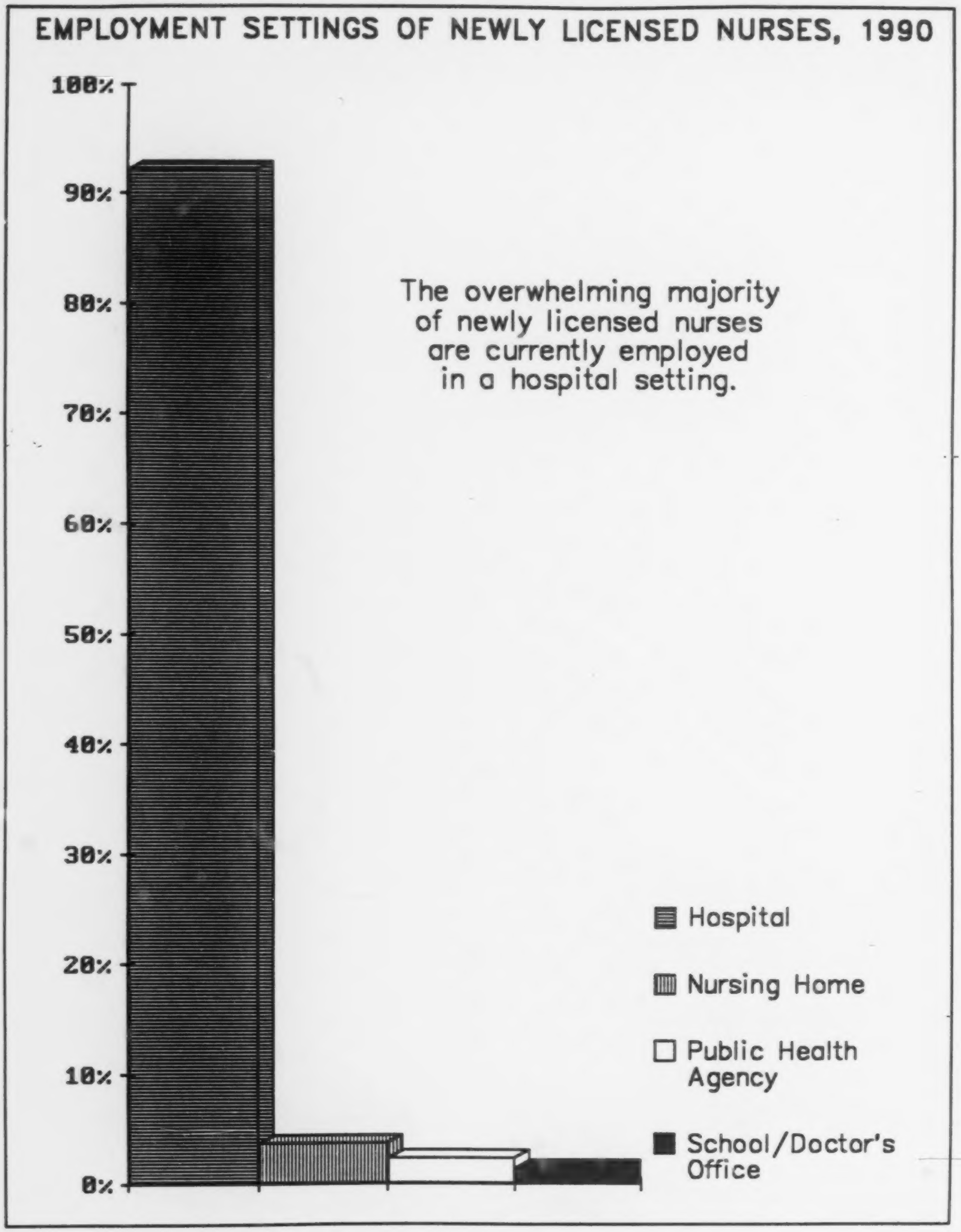


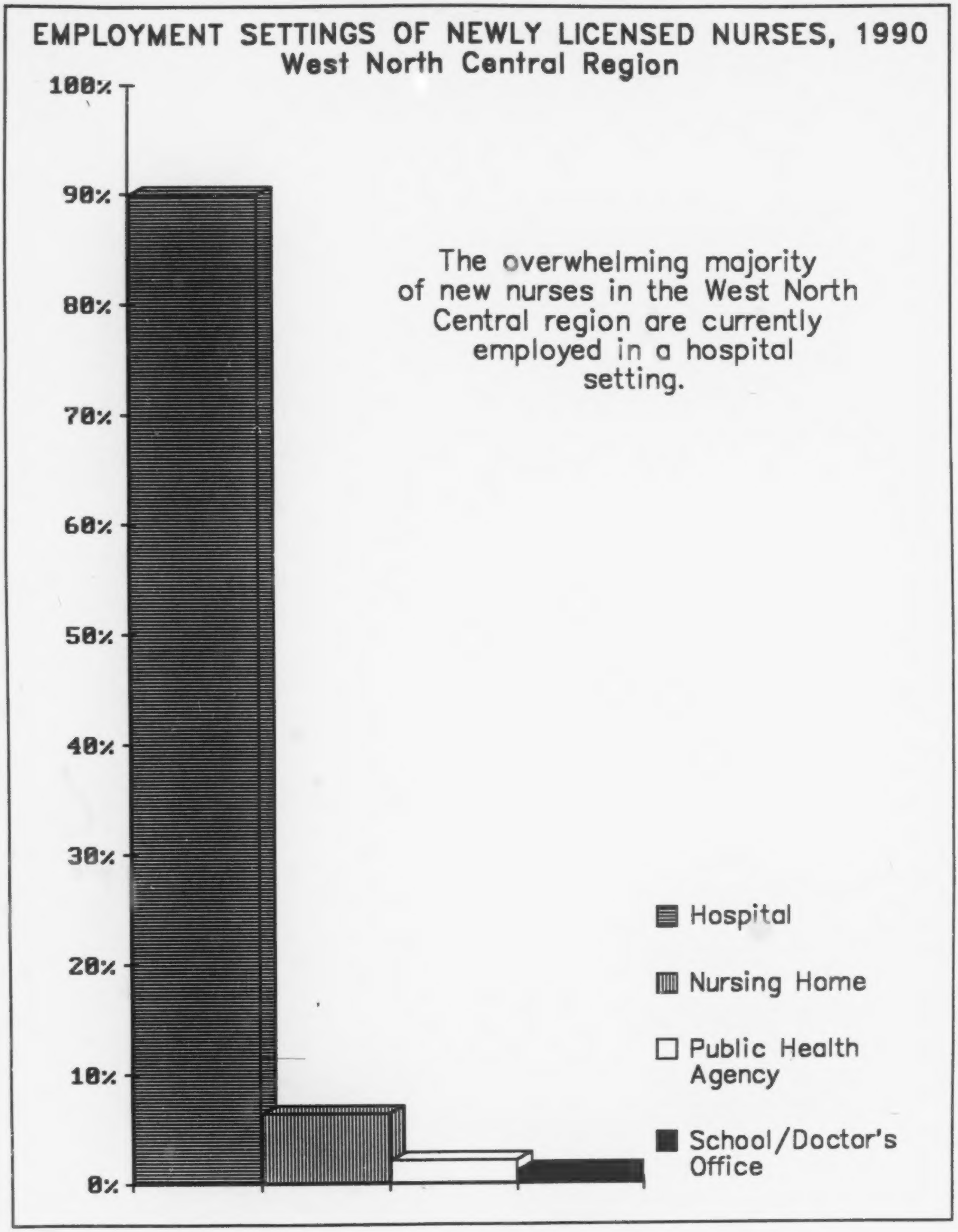
LENGTH OF JOB SEARCH OF NEWLY LICENSED NURSES, 1990

West North Central Region

Demand for new RNs is high. Almost 82% found jobs before graduation.




EMPLOYMENT SETTINGS OF NEWLY LICENSED NURSES, 1990
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
The overwhelming majority of newly licensed nurses are currently employed in a hospital setting.
Hospital
Nursing Home
Public Health Agency
School/Doctor's Office

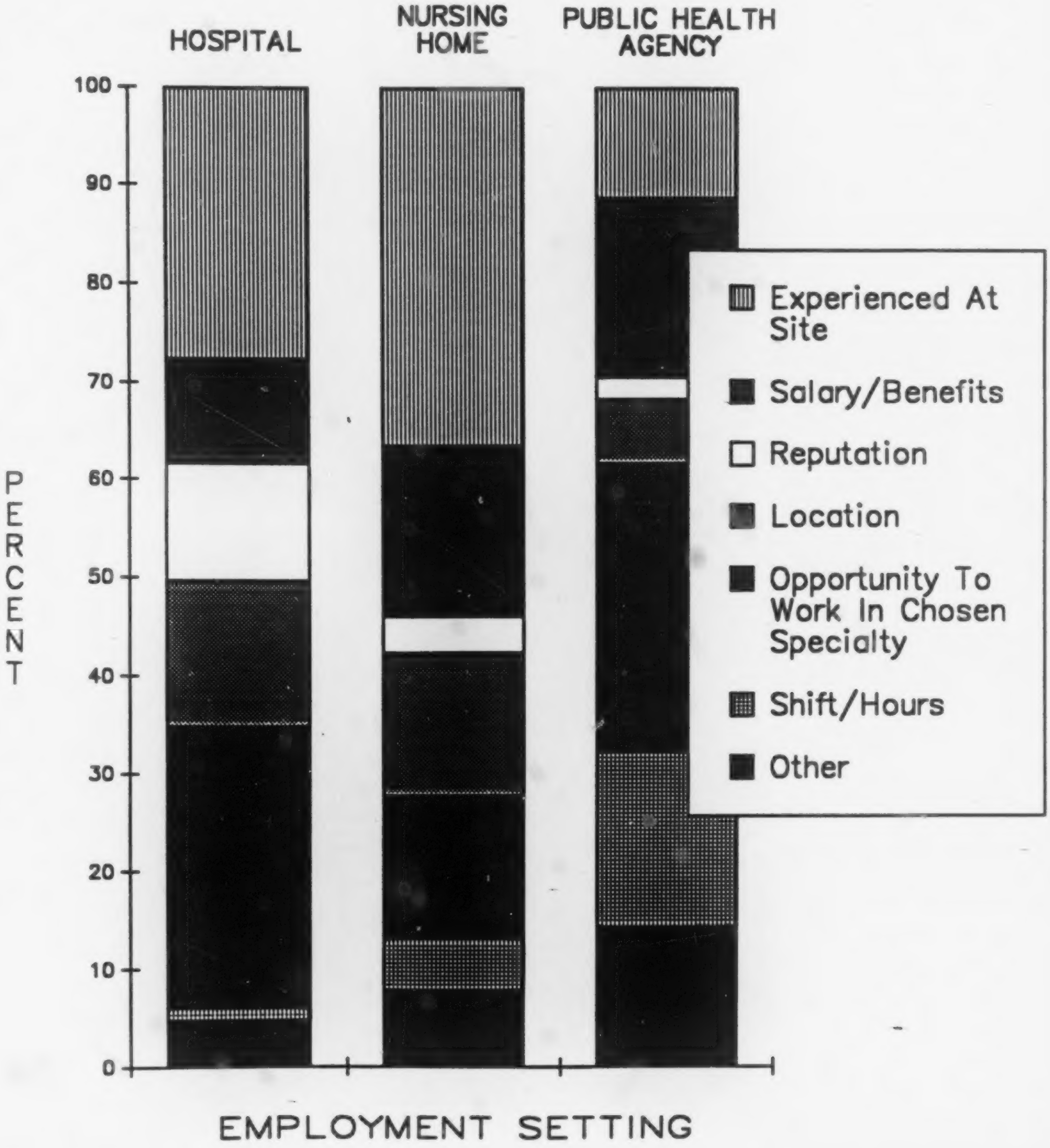


EMPLOYMENT SETTINGS OF NEWLY LICENSED NURSES, 1990
West North Central Region

The overwhelming majority of new nurses in the West North Central region are currently employed in a hospital setting.

REASONS FOR CHOOSING CURRENT POSITION BY EMPLOYMENT SETTING, 1990

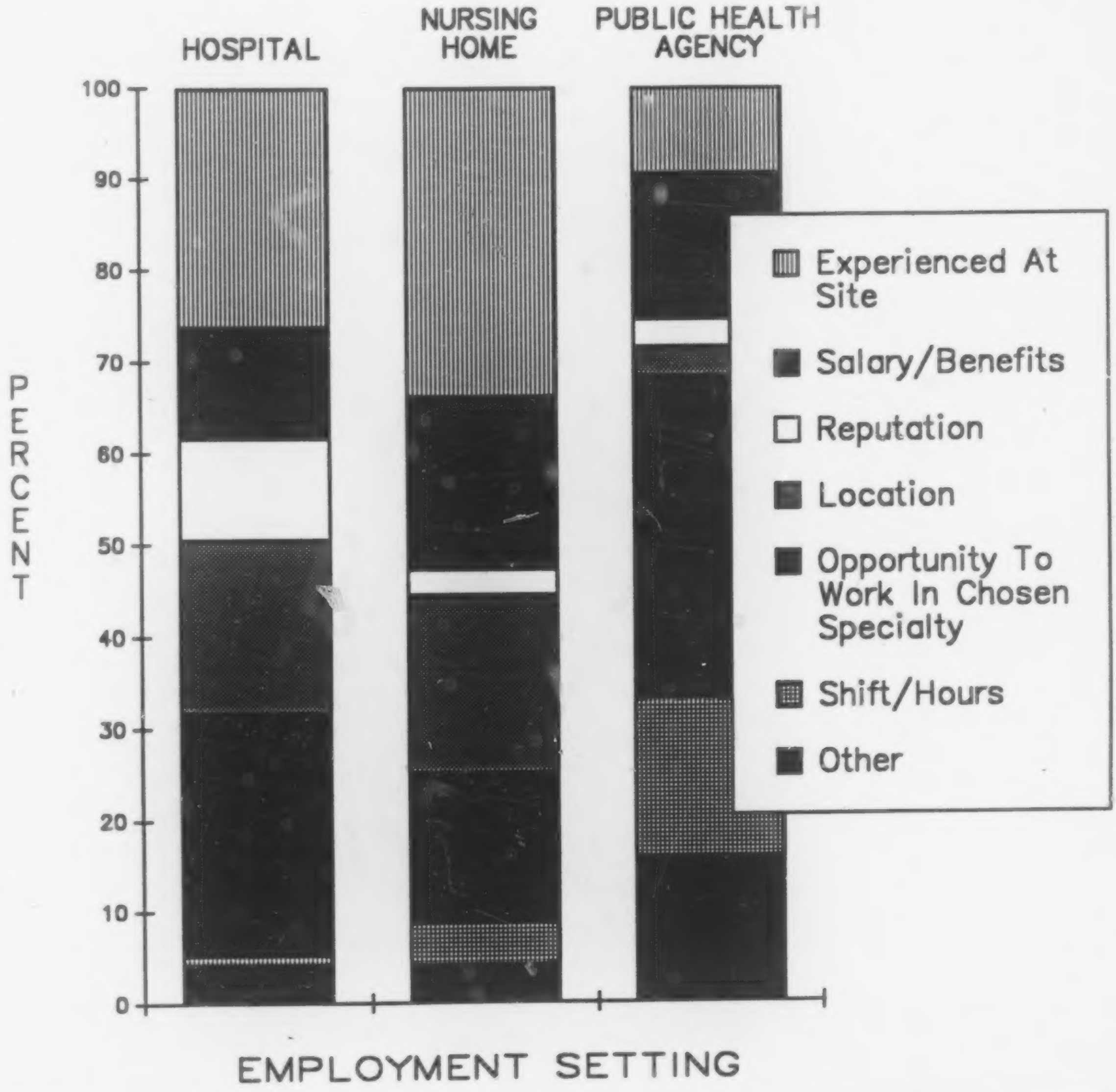
A plurality of new RNs in hospitals and public health agencies chose their position to work in their chosen specialty. Those working in nursing homes chose their position because of prior experience at the site.



REASONS FOR CHOOSING CURRENT POSITION BY EMPLOYMENT SETTING, 1990

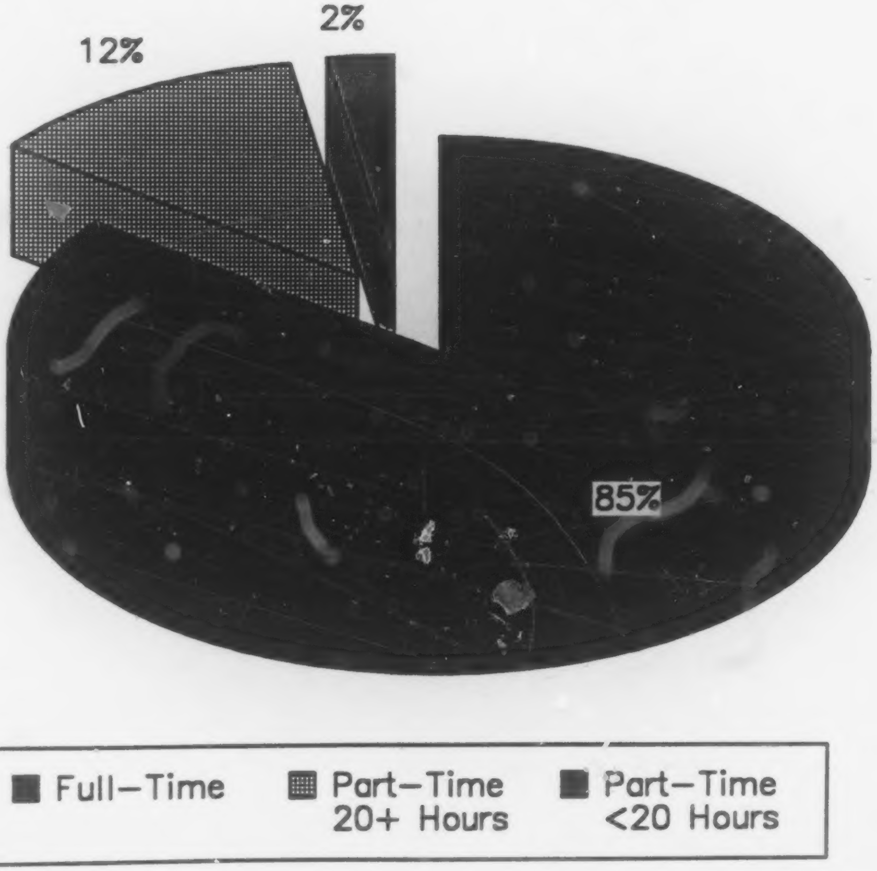
West North Central Region

The most commonly cited reason for job selection is "prior experience at institution" and "opportunity to work in chosen specialty".



ACTIVITY STATUS OF NEWLY LICENSED NURSES, 1990

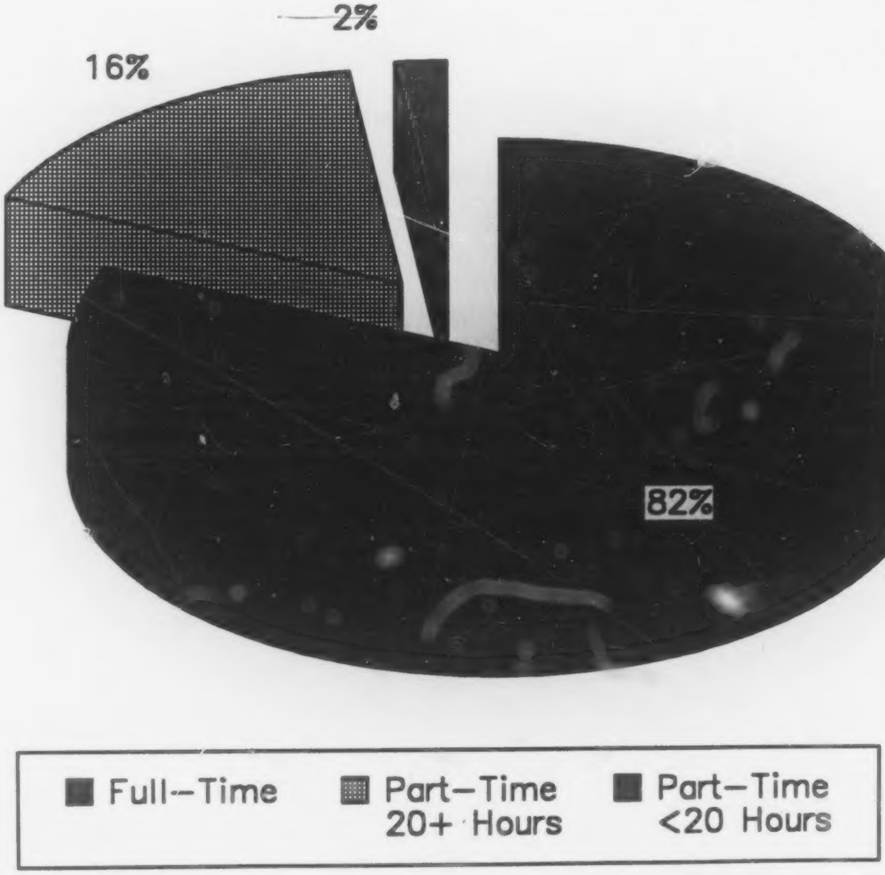
A great majority of new RNs work full–time. Only 2% work less than 20 hours per week.



ACTIVITY STATUS OF NEWLY LICENSED NURSES, 1990

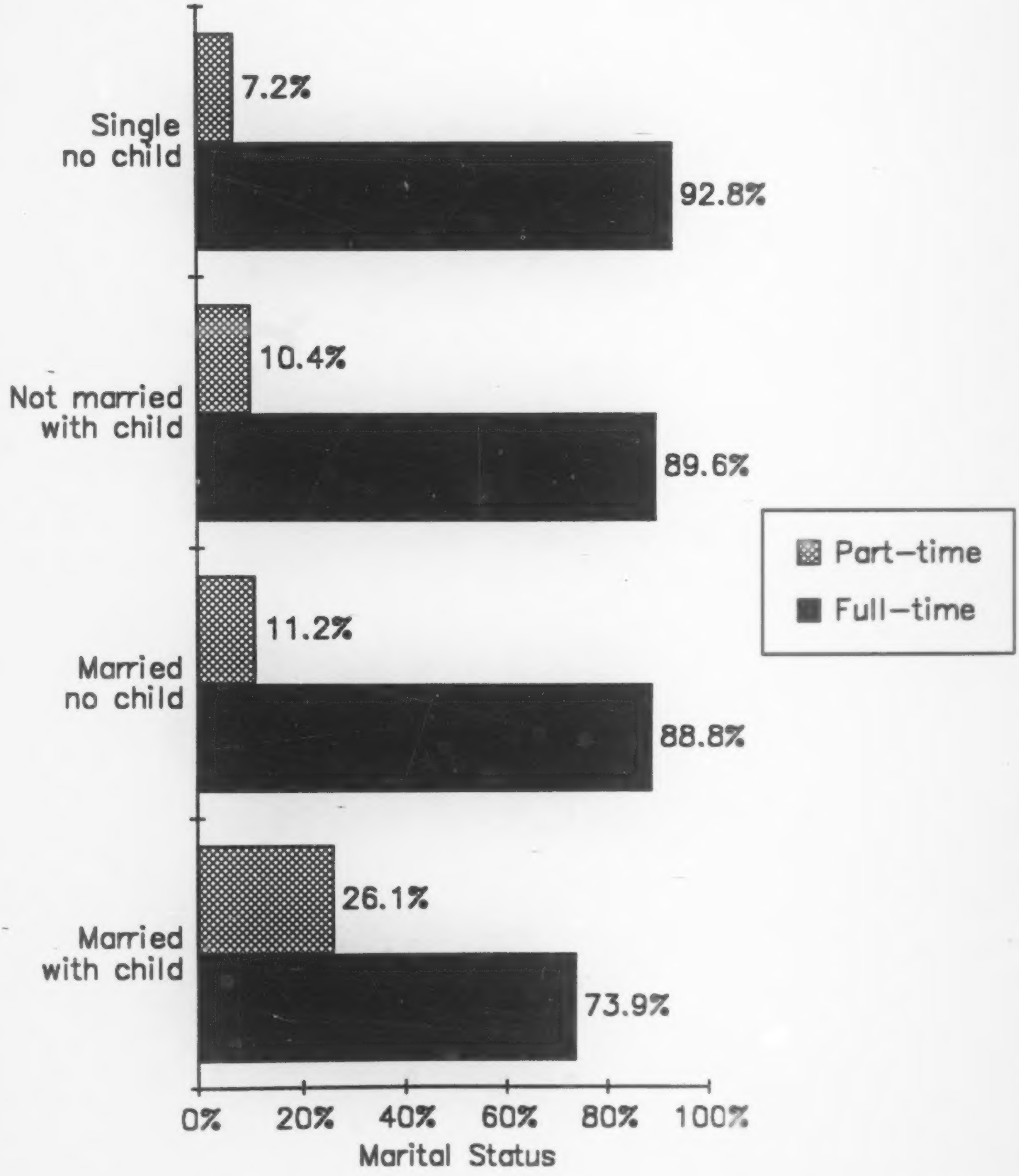
West North Central Region

A great majority of new RNs in the West North Central region work full-time.



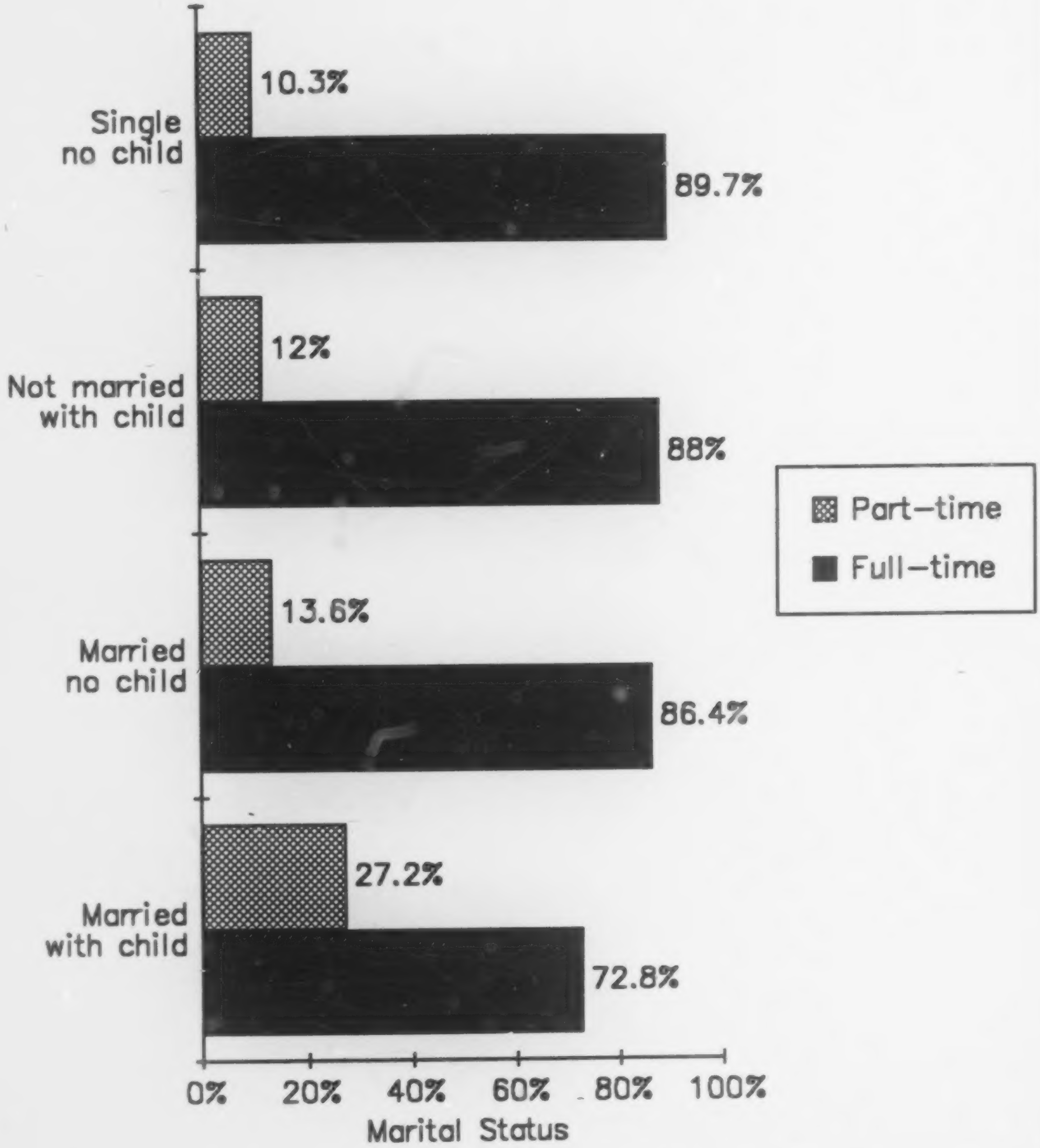
Activity Status of Newly Licensed Nurses by Marital Status

A large majority of new nurses work full–time.



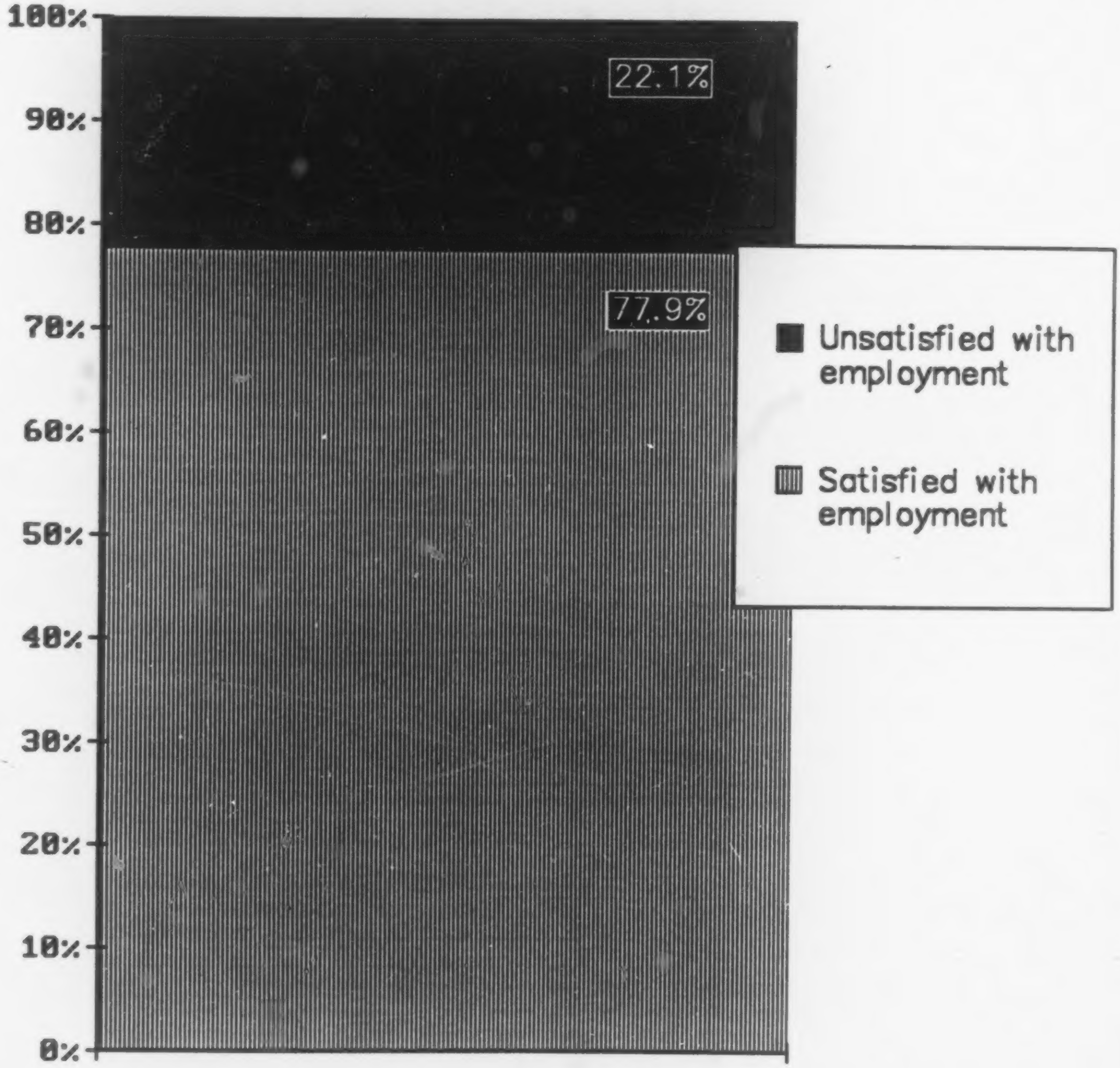
Activity Status of Newly Licensed Nurses by Marital Status
West North Central Region

A large majority of new nurses work full–time.



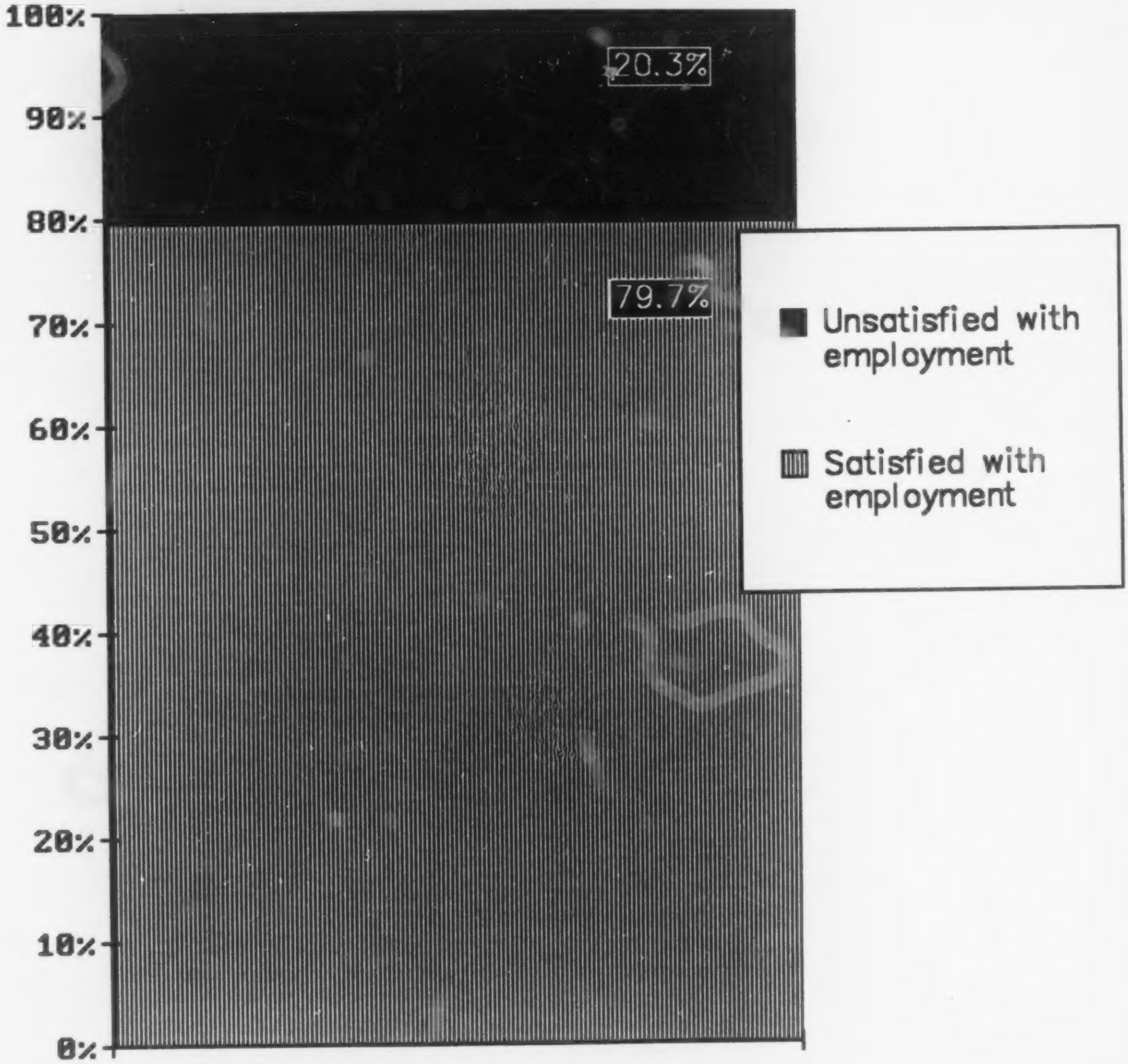
EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES

A high proportion of new nurses (77.9%) are satisfied with their employment



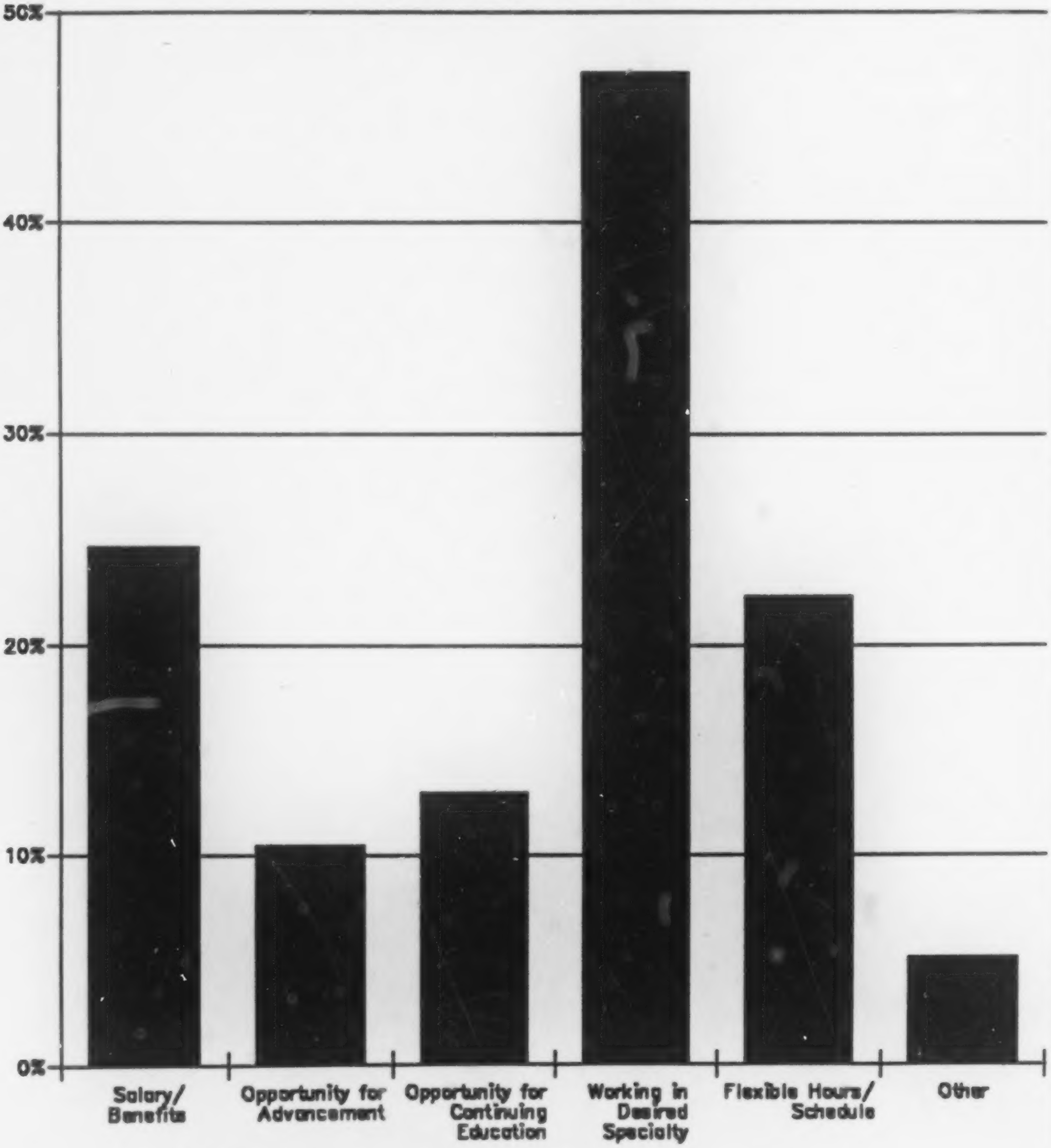
EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES
West North Central Region

A high proportion of new nurses (79.7%) are satisfied with their employment in the West North Central region.



MAIN SOURCE OF JOB SATISFACTION OF NEWLY LICENSED NURSES, 1990

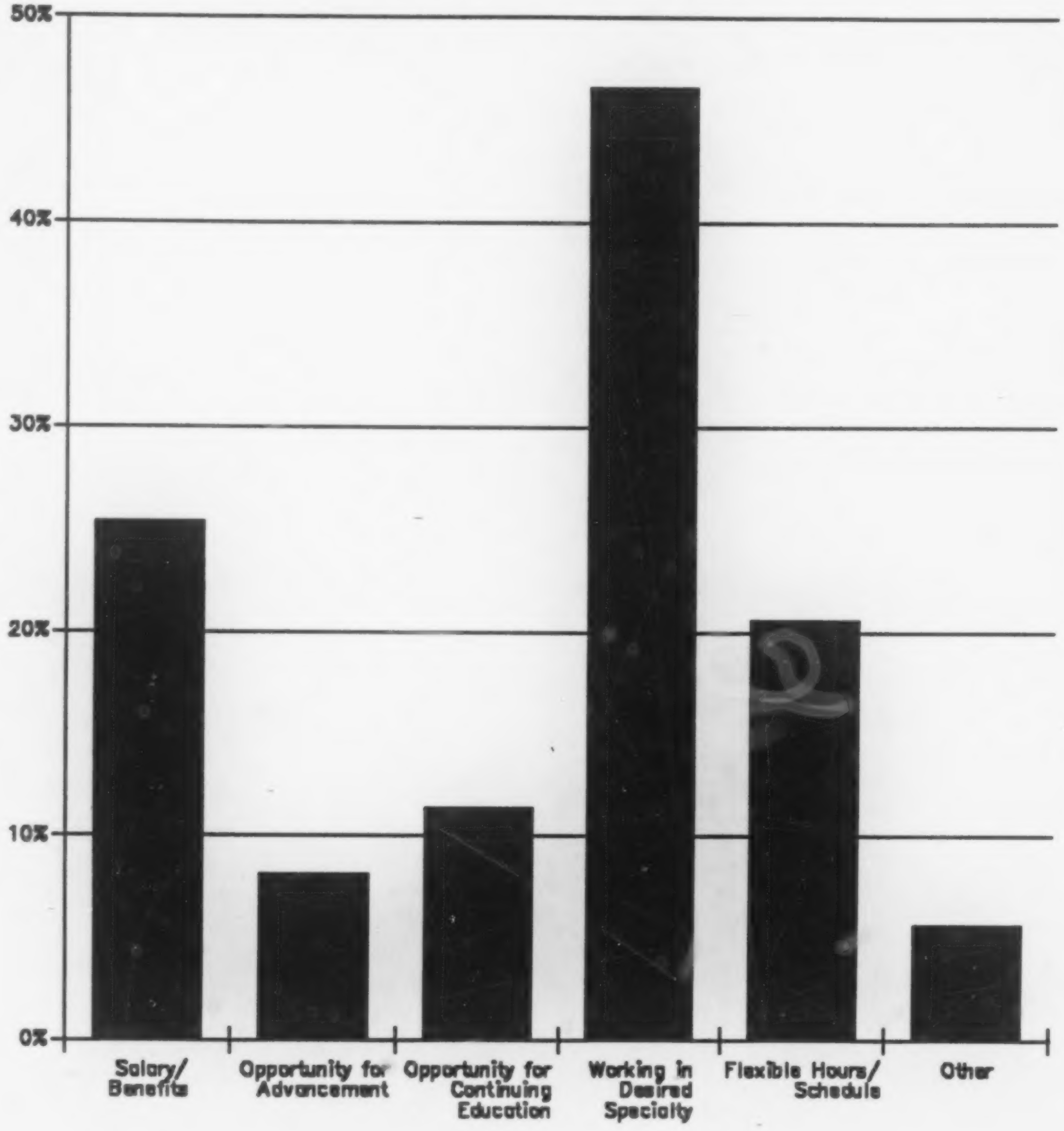
Respondents most often cited "working in desired specialty" as their main source of satisfaction.



*Multiple responses were allowed for this question. Therefore, the sum of all responses will be greater than 100 percent.

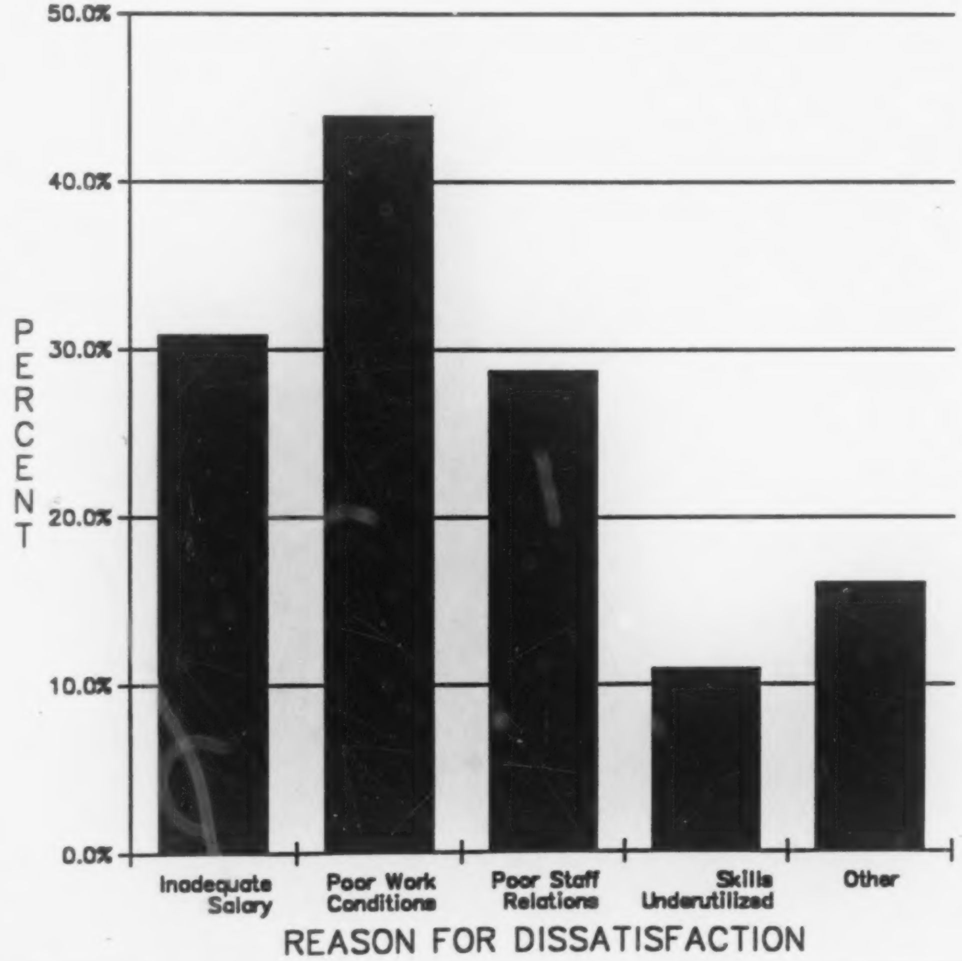
MAIN SOURCE OF JOB SATISFACTION OF NEWLY LICENSED NURSES, 1990
West North Central Region

Respondents most often cited "working in desired specialty" as their main source of satisfaction.



MAIN SOURCE OF JOB DISSATISFACTION BY NEWLY LICENSED NURSES

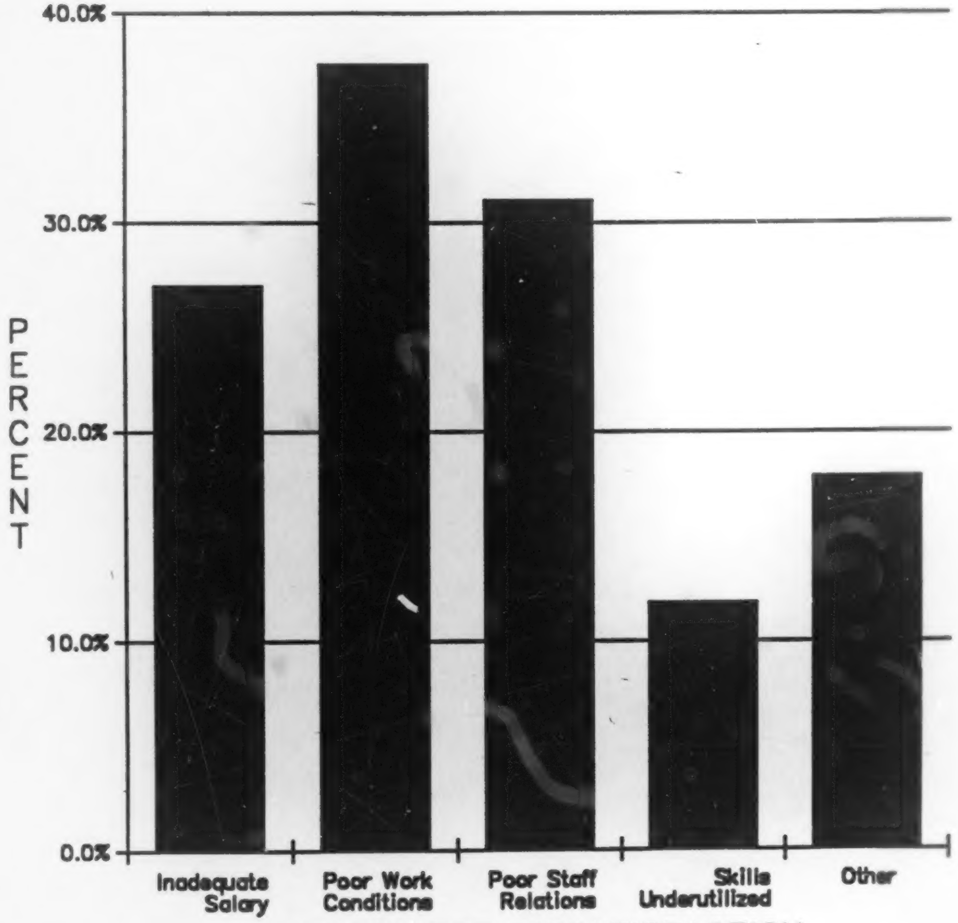
"Poor working conditions" was most often cited as a source of job dissatisfaction, followed by "inadequate salary" and "poor staff relations."



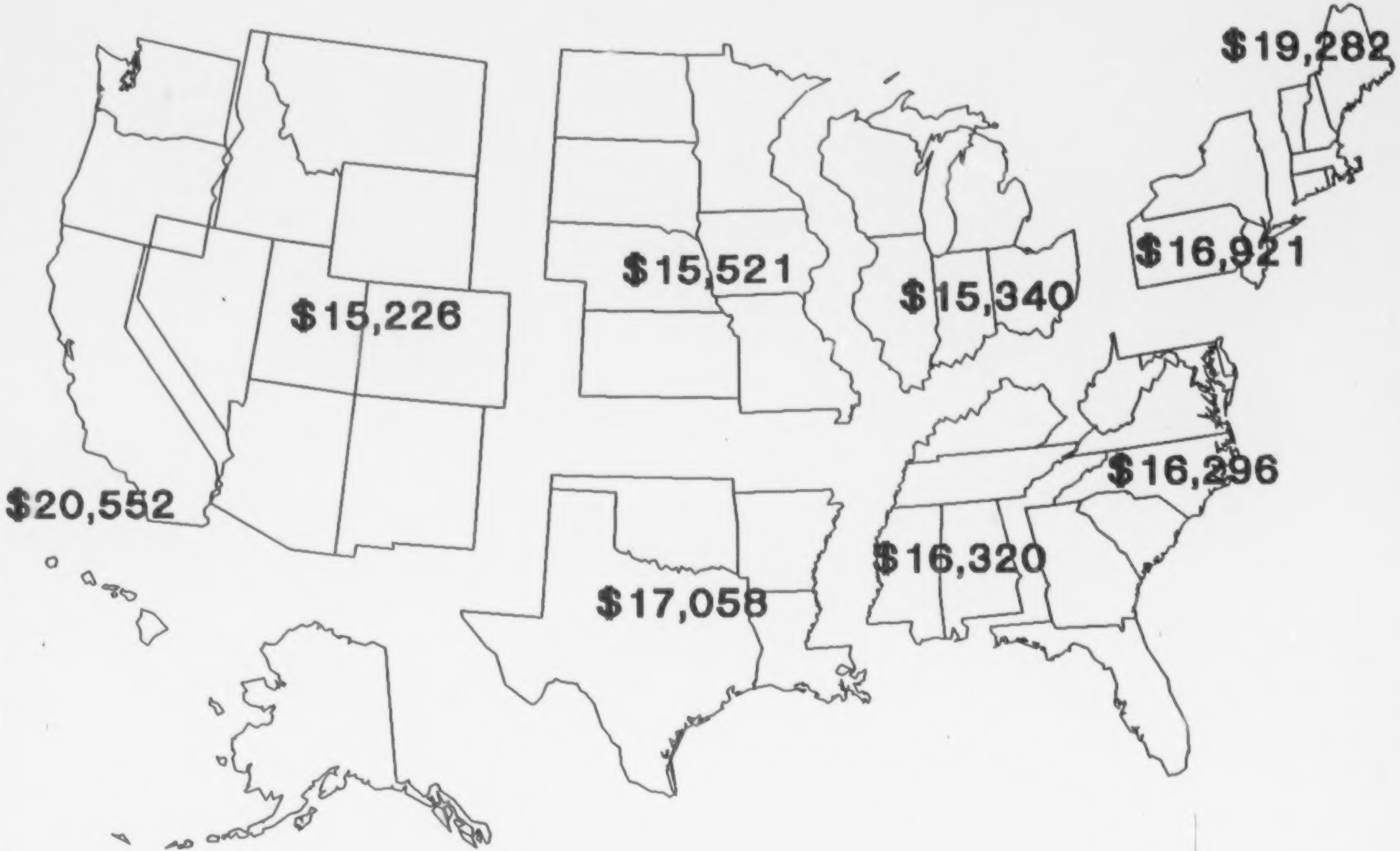
MAIN SOURCE OF JOB DISSATISFACTION AMONG NEWLY LICENSED NURSES, 1990

West North Central Region

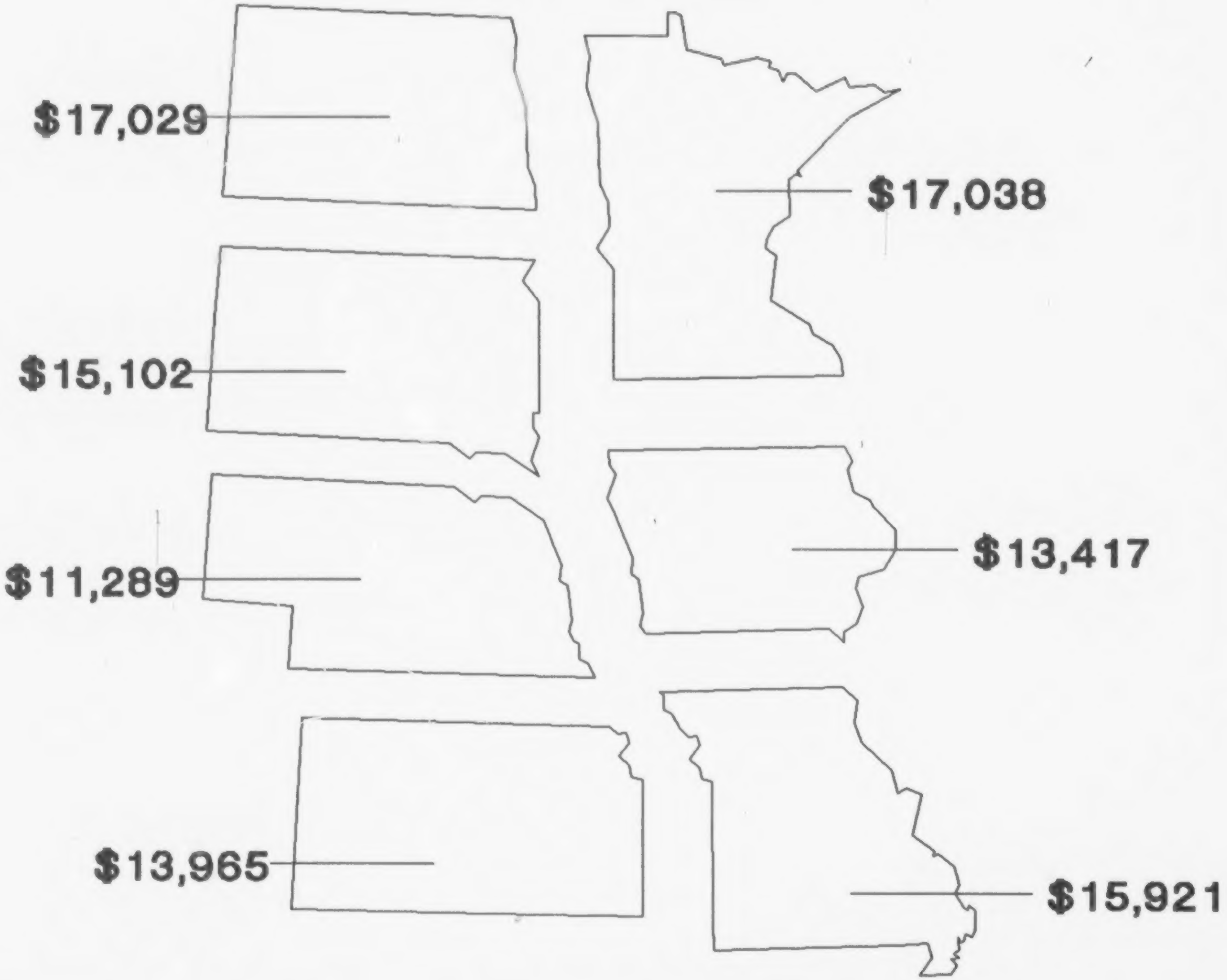
"Poor working conditions" was ranked highest as a source of job dissatisfaction. "Unsatisfying staff relations" ranked second and "inadequate salary" third.



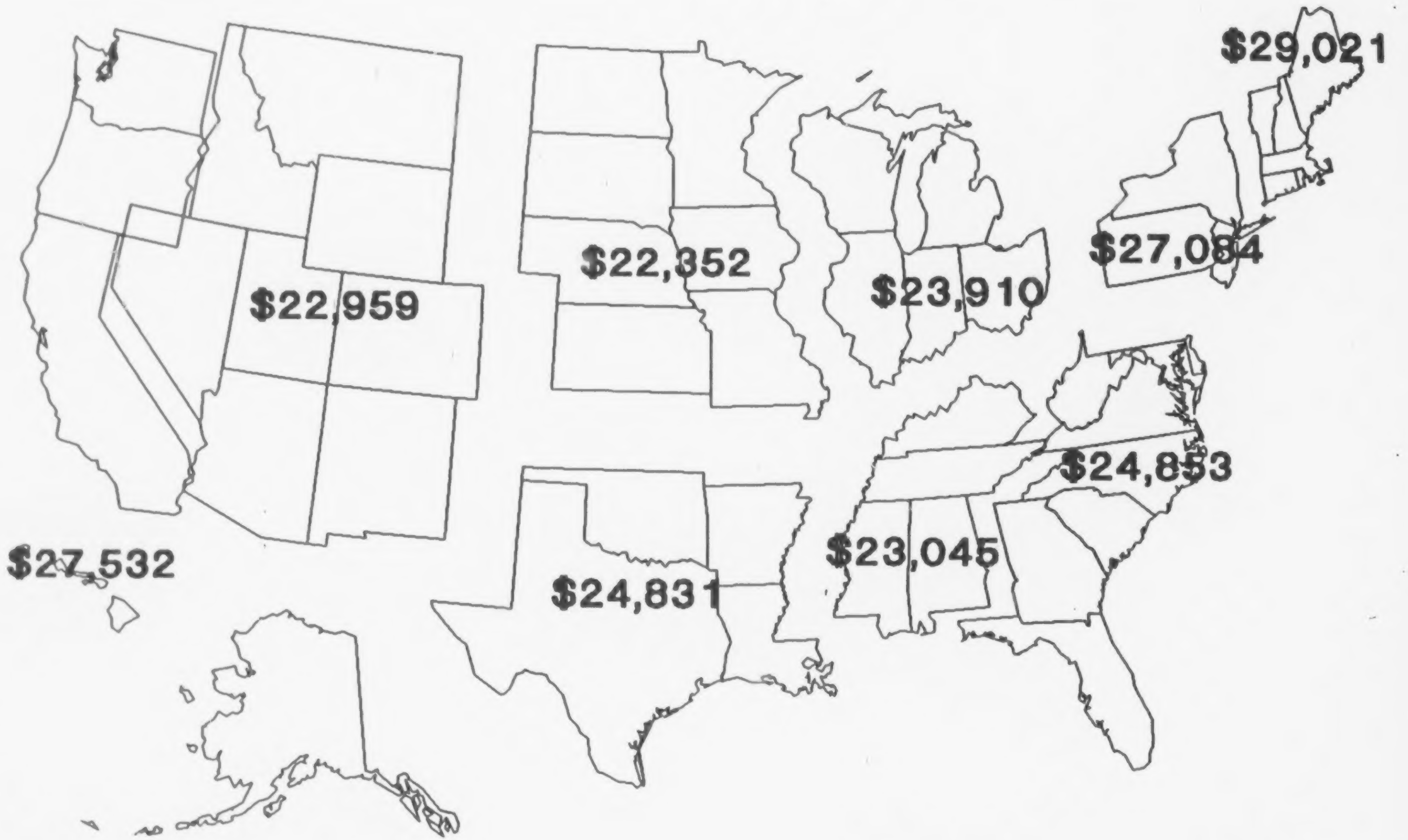
Mean Part-Time Salaries


$19,282
$16,921
$15,521
$15,340
$15,226
$16,296
$20,552
$16,320
$17,058

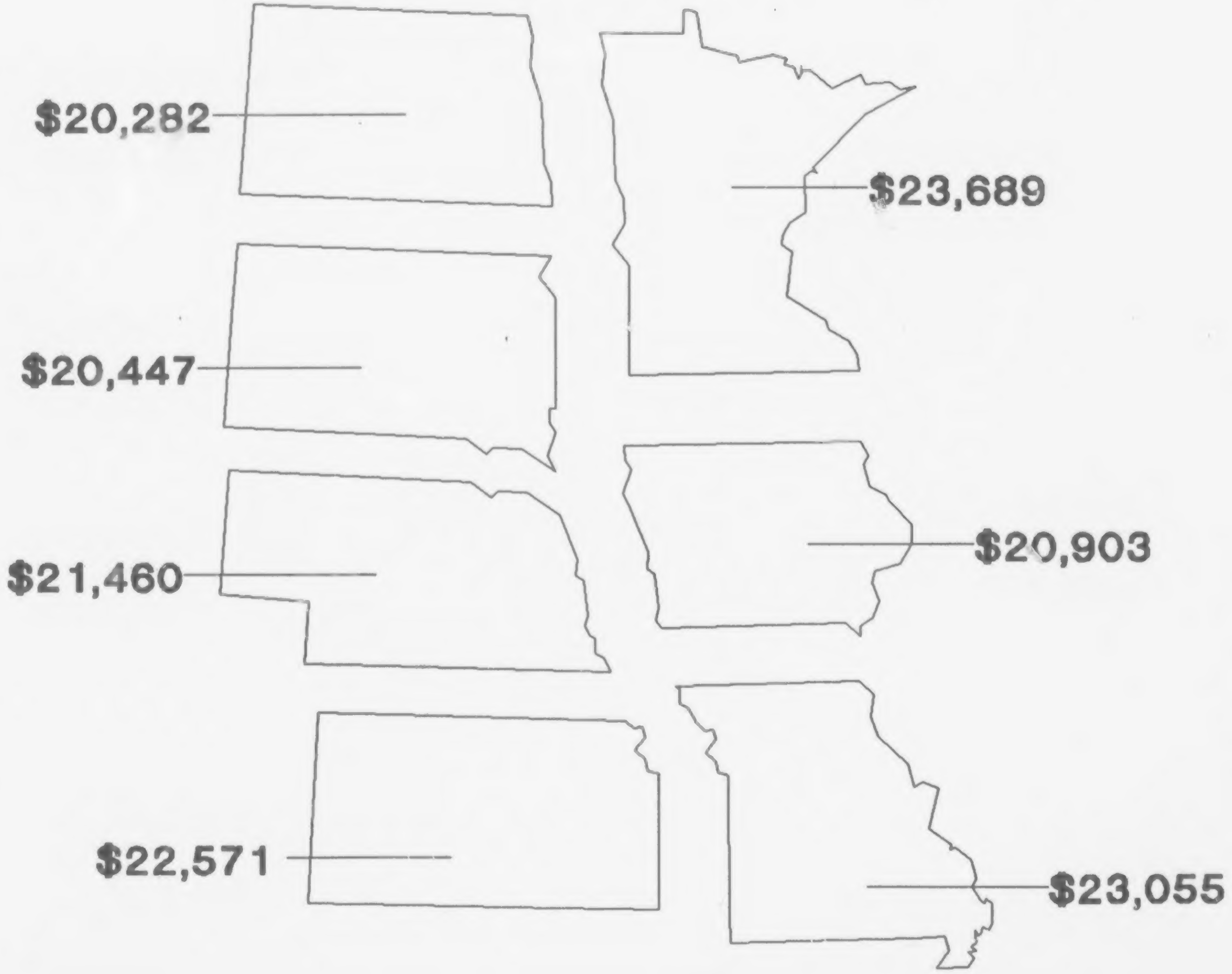
Mean Part-time Salaries
West North Central Region


$17,029
$17,038
$15,102
$11,289
$13,417
$13,965
$15,921

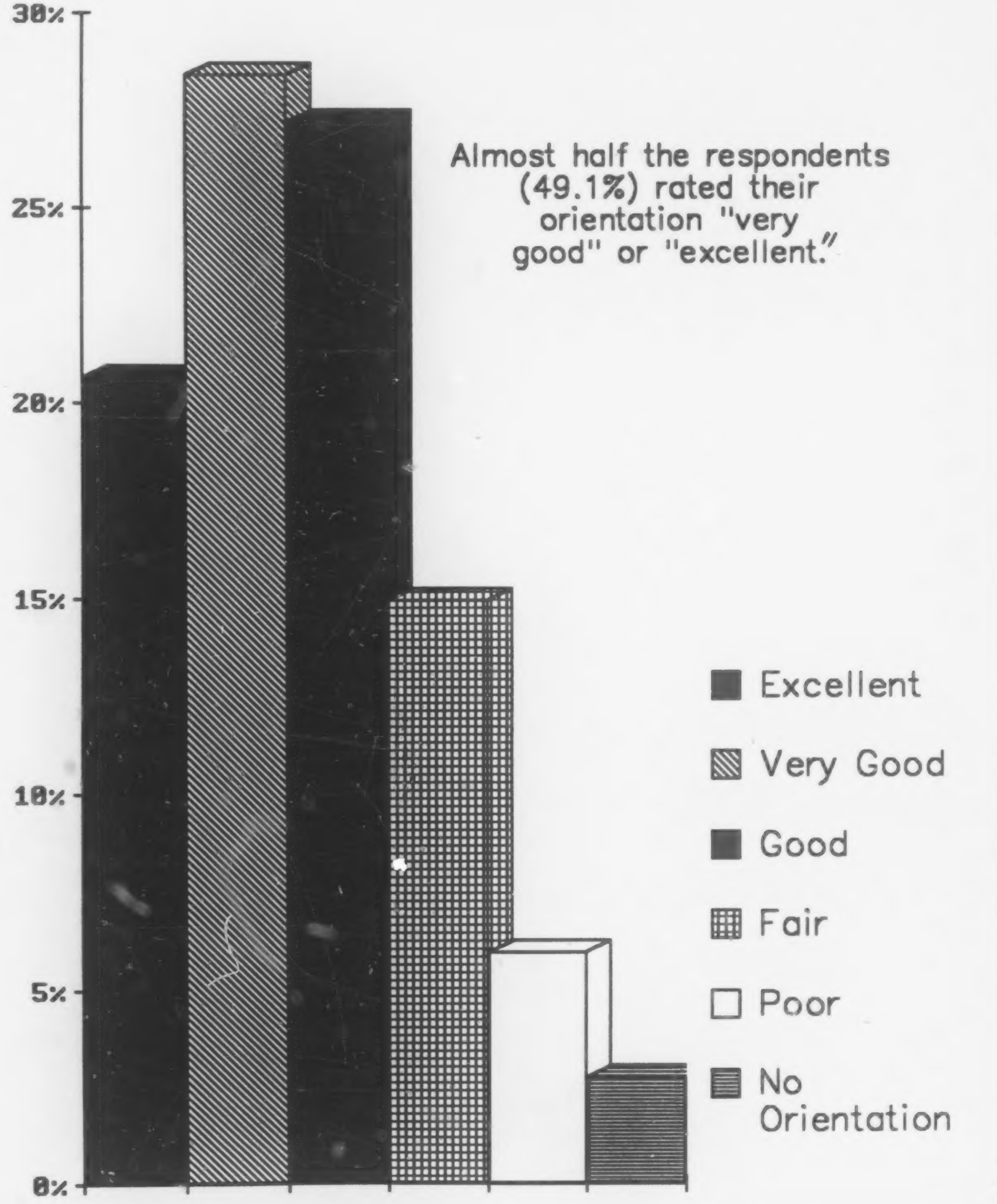
Mean Full-time Salaries


$29,021
$27,084
$22,352
$23,910
$22,959
$24,853
$23,045
$27,532
$24,831

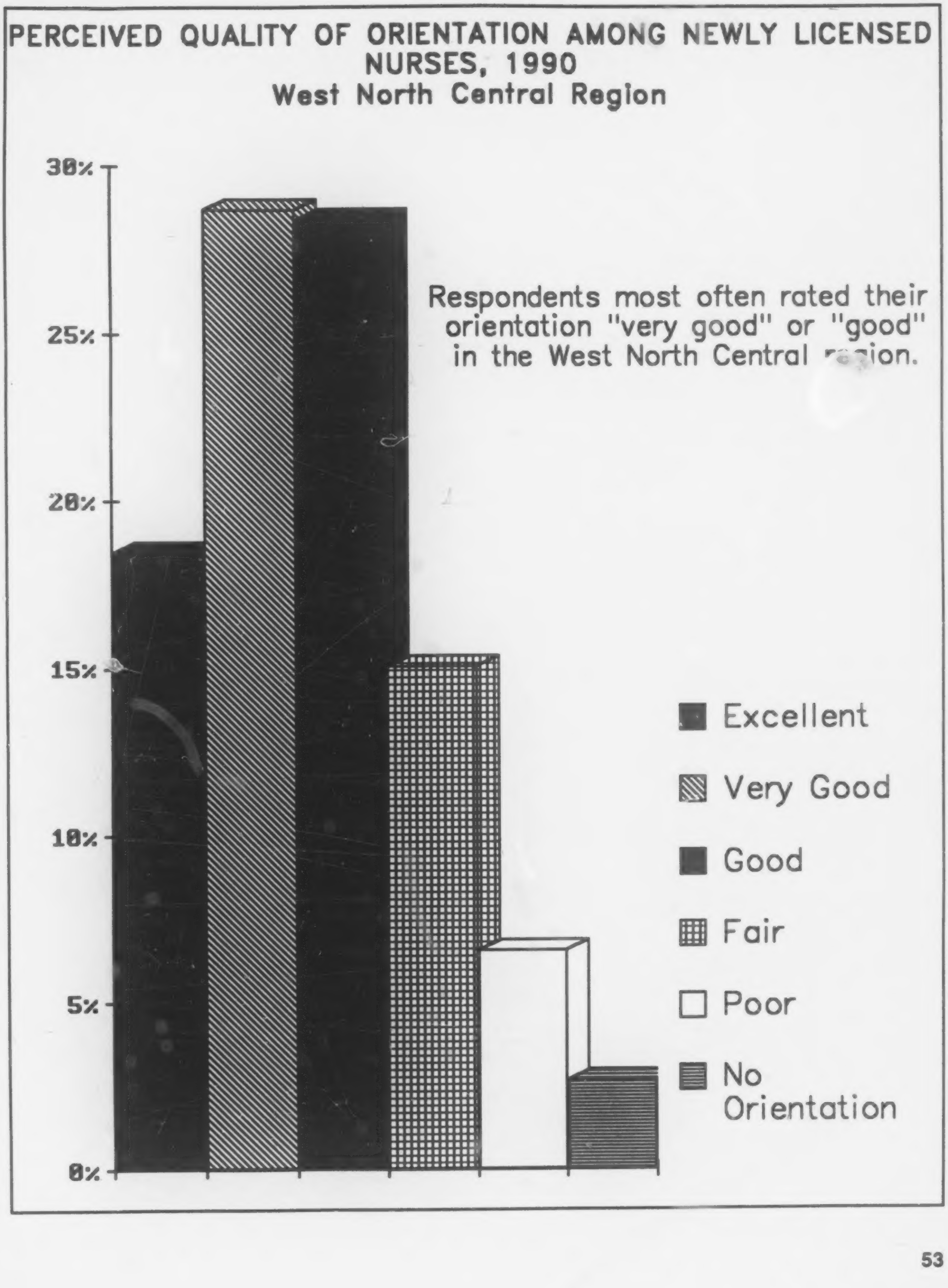
Mean Full-time Salaries
West North Central Region


$20,282
$23,689
$20,447
$21,460
$20,903
$22,571
$23,055

PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES, 1990



Almost half the respondents (49.1%) rated their orientation "very good" or "excellent."

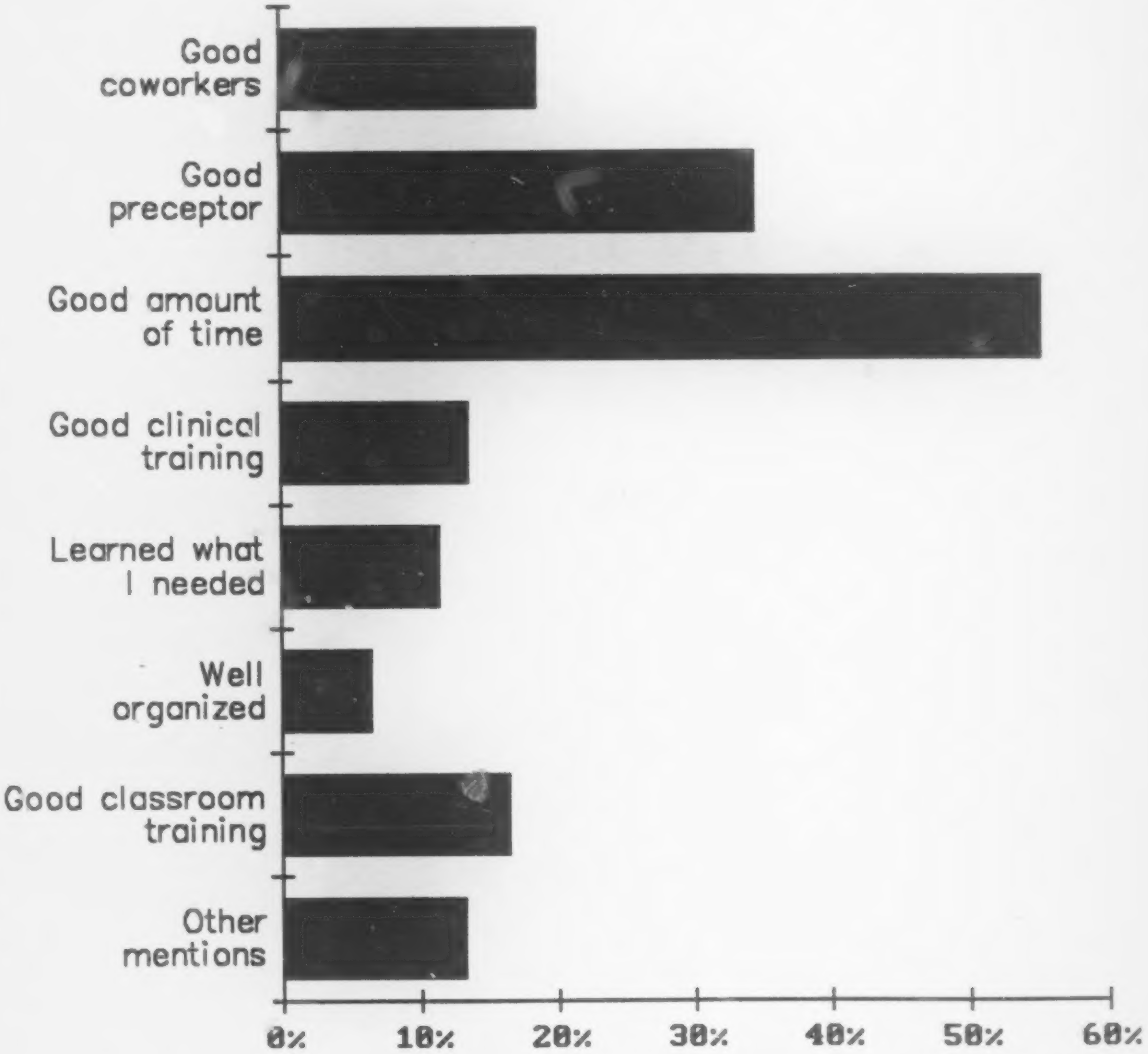


PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES, 1990
West North Central Region

Respondents most often rated their orientation "very good" or "good" in the West North Central region.

*Positive Evaluation of Orientations Among Newly Licensed Nurses

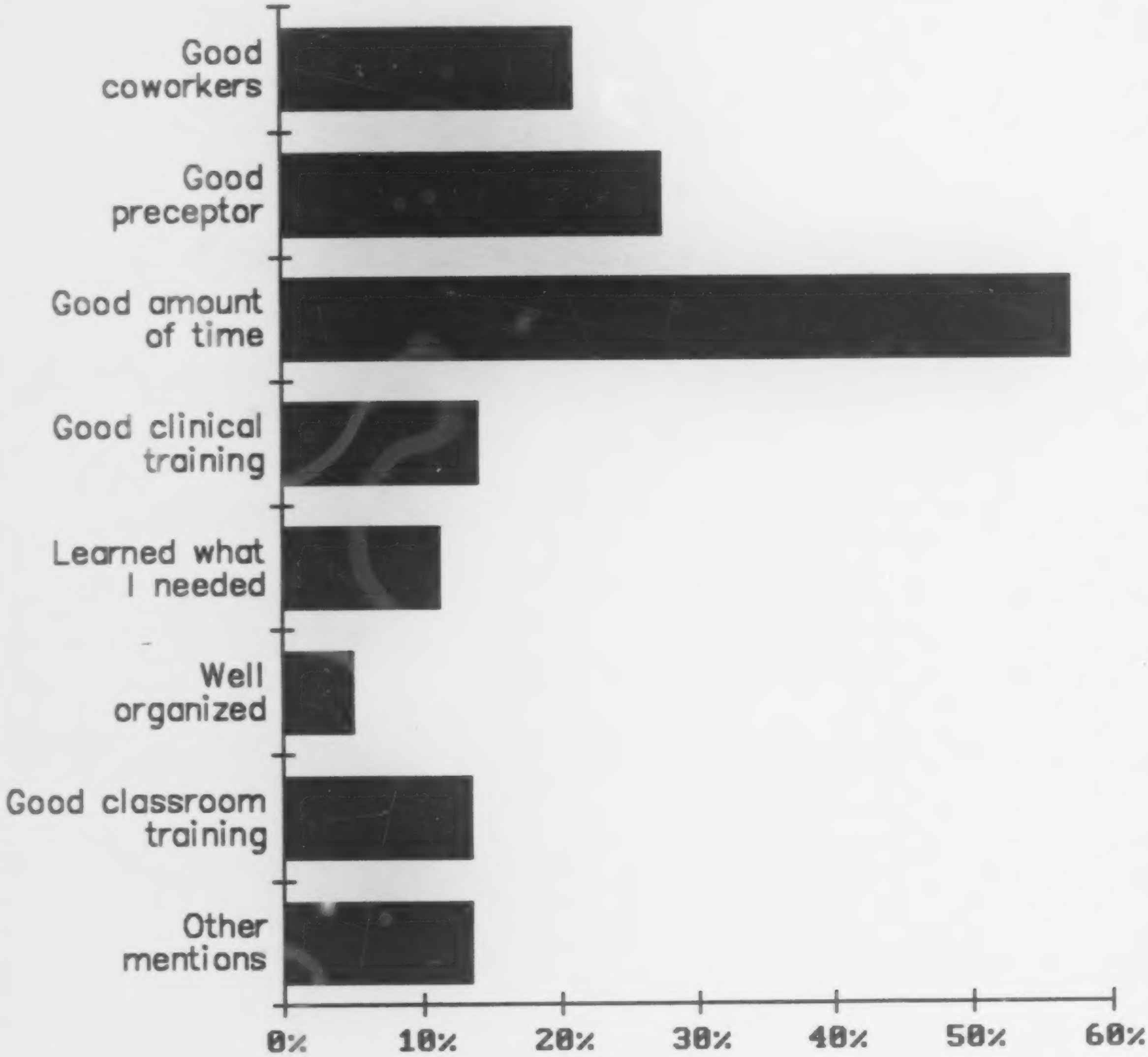
New nurses most often cited "good amount of time" as a reason for their positive evaluation.



*Multiple responses were allowed for this question. Therefore, the sum of all responses will be greater than 100 percent.
*Positive = excellent and very good.

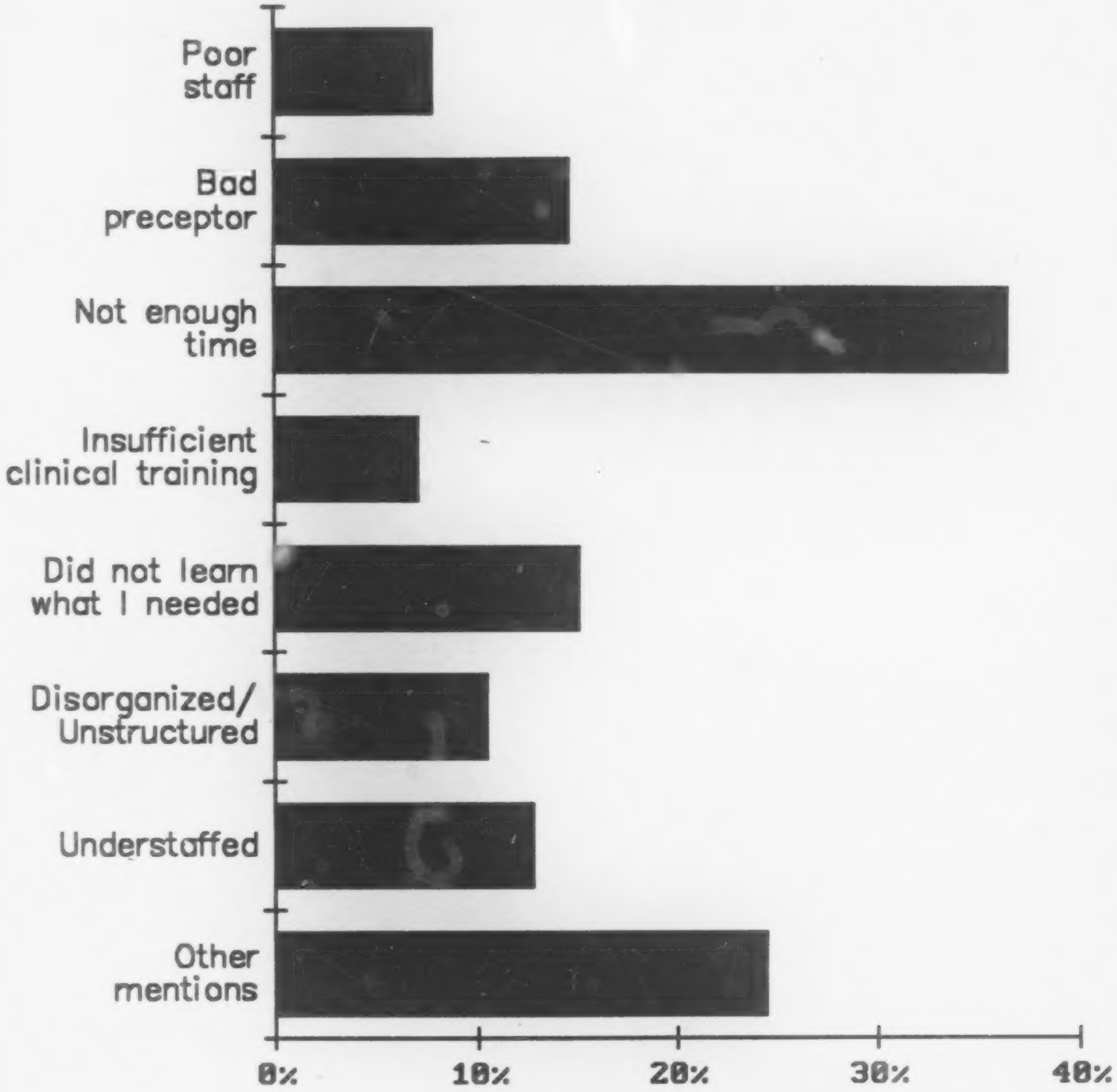
Positive Evaluation of Orientations Among Newly Licensed Nurses
West North Central Region

New nurses most often cited "good amount of time" as a reason for their positive evaluation.



*Neutral or Negative Evaluation of Orientations Among Newly Licensed Nurses

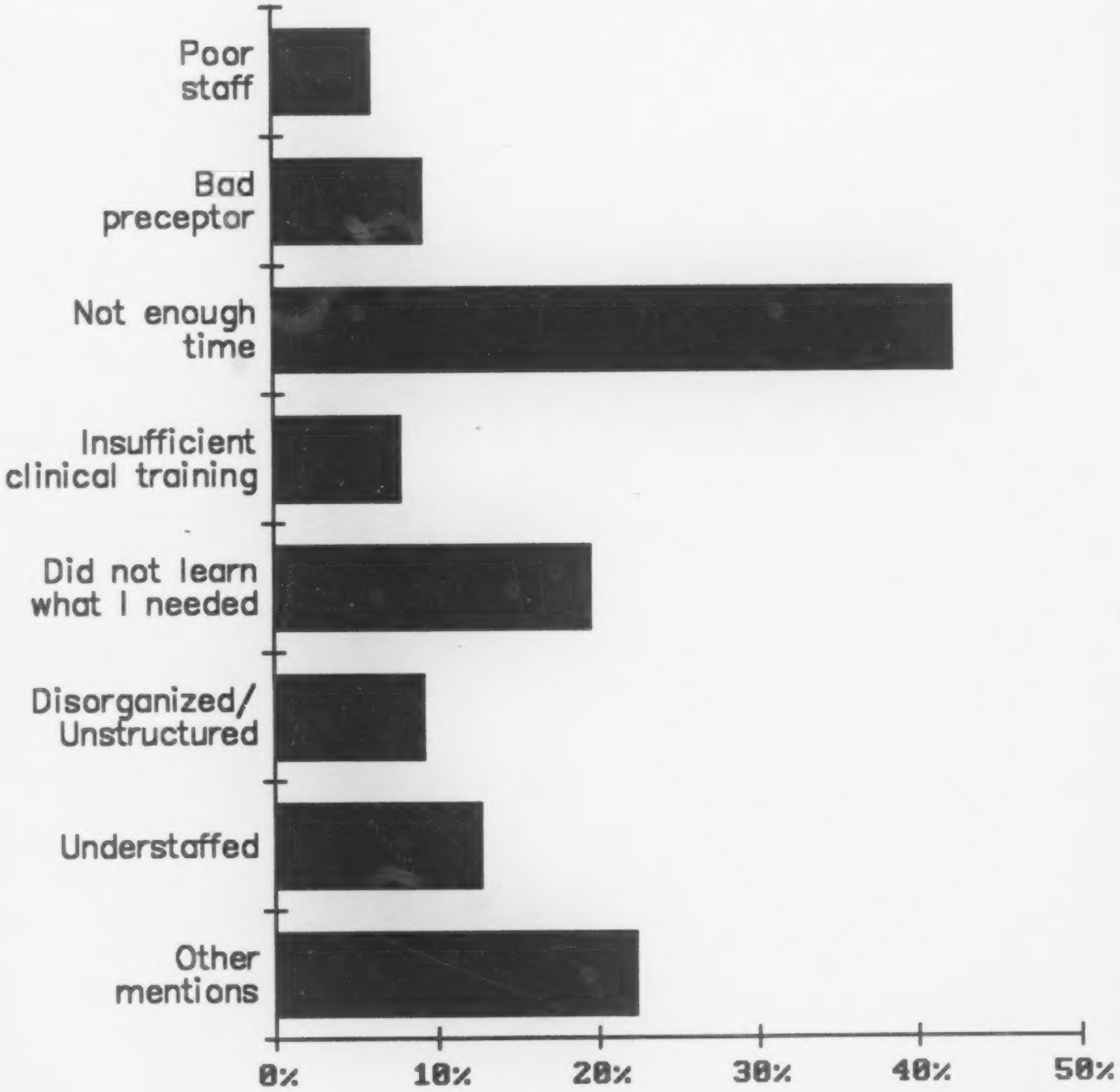
New nurses most often cited "not enough time" as a reason for their neutral or negative evaluation.



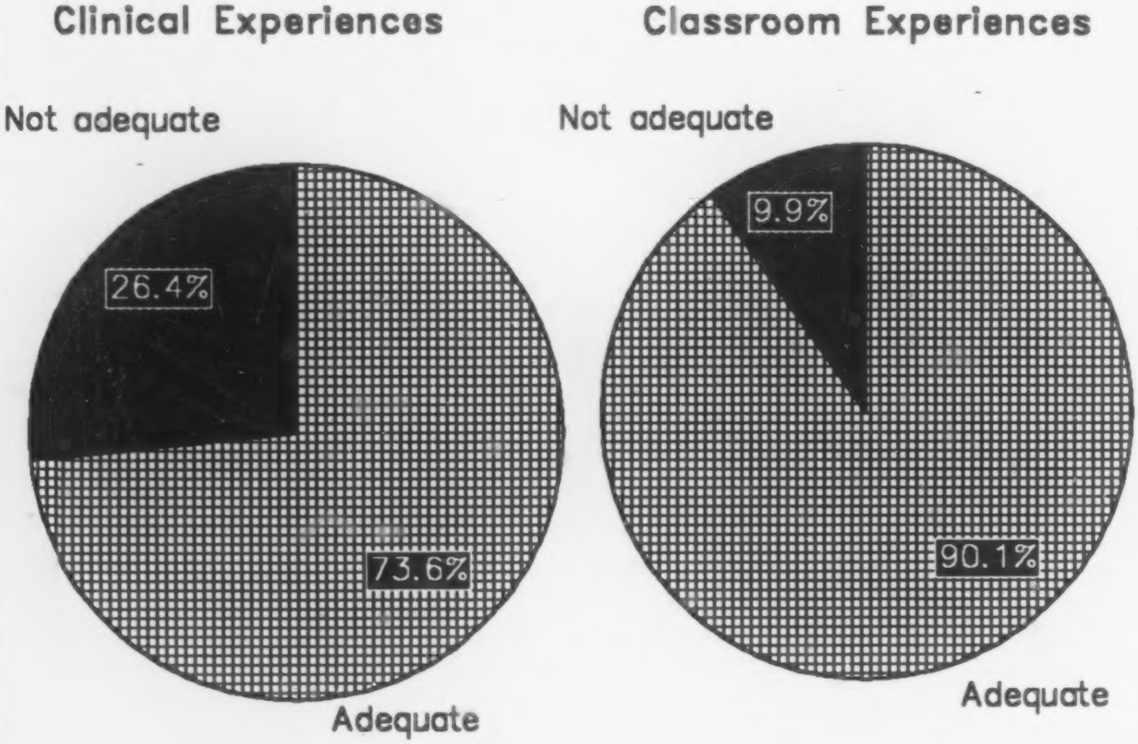
*Multiple responses were allowed for this question. Therefore, the sum of all responses will be greater than 100 percent.
*Neutral or negative = good, fair or poor.

Neutral or Negative Evaluation of Orientations Among Newly Licensed Nurses
West North Central Region

New nurses most often cited "not enough time" as a reason for their neutral or negative evaluation.



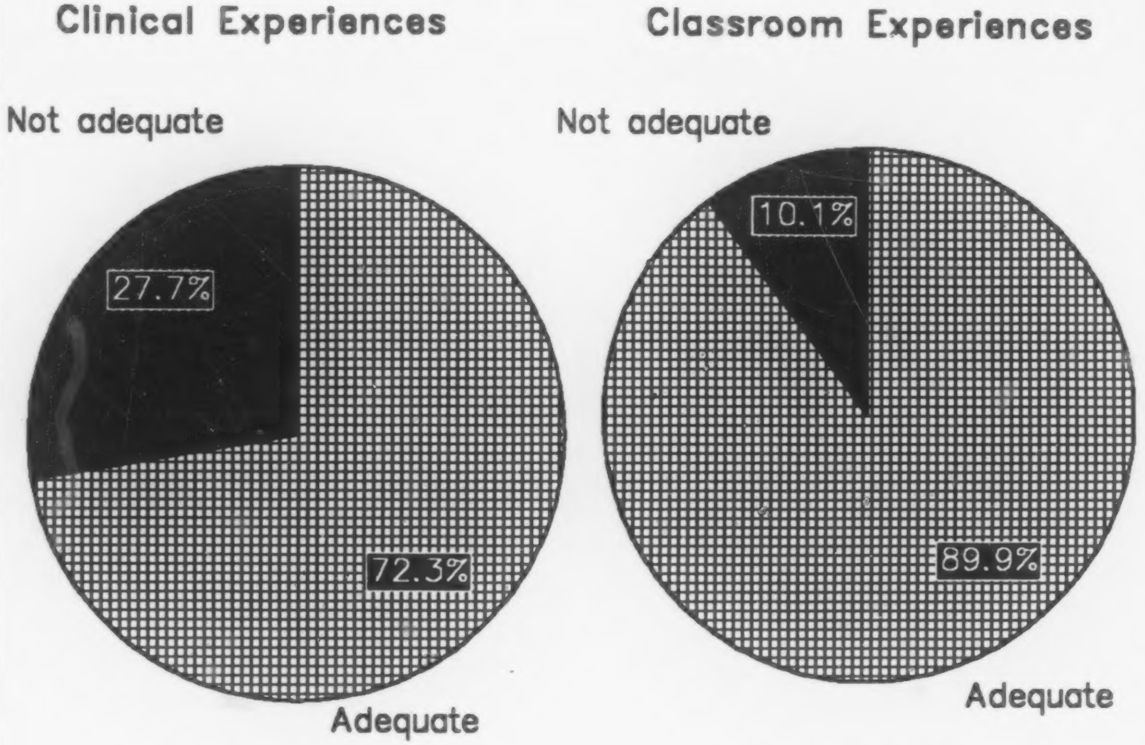
PERCEIVED ADEQUACY OF NURSING EDUCATION AMONG NEWLY LICENSED NURSES, 1990



Almost three-quarters of newly licensed nurses felt their clinical experiences were adequate for their current job. A larger 90% felt their classroom experiences were adequate.

PERCEIVED ADEQUACY OF NURSING EDUCATION AMONG NEWLY LICENSED NURSES, 1990

West North Central Region



Clinical experiences received a lower approval rating (72%) than classroom experiences (90%).

Section 3
CMSA Analysis: Numeric Tables

Analysis of Consolidated Metropolitan Statistical Areas

American society is increasingly centralized around the major urban cities—New York, Los Angeles, Chicago, and Houston. Health care services, particularly hospitals, are also concentrated within metropolitan areas. This special analysis of newly licensed nurses in what the Census Bureau terms Consolidated Metropolitan Statistical Areas (CMSAs), has been provided to assist health care executives in gaining a better understanding of the trends in America's largest cities. Great variation exists among the different regions of the country in relation to the demographic and employment characteristics of the nation's newly licensed nurses. Similarly, the unique financial and demographic circumstances within each metropolitan area result in vastly different local economies and labor forces.

A selected group of tables has been designed to highlight some of the differences among the various CMSAs. Keep in mind that the upcoming figures are based on the responses of those newly licensed nurses currently residing or working in a CMSA *only* and represent approximately one-quarter of the total cohort of new RNs. For a fuller and more meaningful understanding of the trends, these CMSA data may be compared with the national and regional figures presented in the earlier sections of this report.

Table CMSA-1
NUMBER OF NEWLY LICENSED NURSES BY CMSA AND TYPE OF NURSING EDUCATIONAL PROGRAM

			PROGRAM TYPE					
	TOTAL		DIPLOMA		ASSOCIATE DEGREE		BACCALAUREATE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,540	100.0	738	9.8	4,129	54.8	2,673	35.5
BOSTON-LAWRENCE-SALEM	385	100.0	53	13.8	186	48.3	146	37.9
BUFFALO-NIAGARA FALLS	192	100.0	13	6.8	105	54.7	74	38.5
CHICAGO-GARY-LAKE CO	663	100.0	30	4.5	351	52.9	282	42.5
CINCINNATI-HAMILTON	246	100.0	48	19.5	127	51.6	71	28.9
CLEVELAND-AKRON-LORAINE	401	100.0	72	18.0	168	41.9	161	40.1
DALLAS-FORT WORTH	218	100.0			126	57.8	92	42.2
DENVER-BOULDER	156	100.0	3	1.9	90	57.7	63	40.4
DETROIT-ANN ARBOR	583	100.0	23	3.9	344	59.0	216	37.0
HOUSTON-GALVESTON-BROZONA	244	100.0			172	70.5	72	29.5
LA-ANAHEIM-RIVERSIDE	718	100.0	39	5.4	574	79.9	105	14.6
MIAMI-FORT LAUDERDALE	109	100.0	10	9.2	57	52.3	42	38.5
MILWAUKEE-RACINE	167	100.0	13	7.8	66	39.5	88	52.7
NEW YORK-NEW JERSEY	1,275	100.0	147	11.5	658	51.6	470	36.9
PHILA-WILMINGTON-TRENTON	921	100.0	152	16.5	431	46.8	338	36.7
PITTSBURGH-BEAVER VALLEY	472	100.0	131	27.8	190	40.3	151	32.0
PORTLAND-VANCOUVER	158	100.0			80	50.6	78	49.4
SF-OAKLAND-SAN JOSE	424	100.0	3	.7	282	66.5	139	32.8
SEATTLE-TACOMA	208	100.0	1	.5	122	58.7	85	40.9

Table 1: Number of Newly Licensed Nurses by CMSA and Type of Nursing Education

A majority (54.8%) of new RNs residing in a CMSA graduated from an associate degree program. More than a third prepared at the baccalaureate level and about 10% received diplomas. As a group, new RNs living in cities are *less* likely to have studied at the ADN level when compared to the rest of the newly licensed nurse cohort.

The greatest proportion of diploma graduates are situated in the Pittsburgh area and the largest proportion of baccalaureate graduates are located in Milwaukee. Associate degree graduates are most prevalent in Los Angeles.

Table CMSA-2
NEWLY LICENSED NURSES BY CMSA AND JOB HUNTING EXPERIENCES

	TOTAL		JOB HUNTING EXPERIENCES									
			MANY JOBS		FAIR NUMBER		VERY FEW		CAN'T SAY-TOOK JOB AT CLINICAL SITE		CAN'T SAY-VOLUNTARILY UNEMPLOYED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,491	100.0	4,959	66.2	1,500	20.0	130	1.7	830	11.1	72	1.0
METROPOLITAN AREA												
BOSTON-LAWRENCE-SALEM	392	100.0	130	33.2	144	36.7	43	11.0	71	18.1	4	1.0
BUFFALO-NIAGARA FALLS	192	100.0	126	65.6	37	19.3	3	1.6	24	12.5	2	1.0
CHICAGO-GARY-LAKE CO	659	100.0	482	73.1	109	16.5	7	1.1	56	8.5	5	.8
CINCINNATI-HAMILTON	245	100.0	161	65.7	37	15.1	8	3.3	35	14.3	4	1.6
CLEVELAND-AKRON-LORAINE	408	100.0	254	62.3	90	22.1	2	.5	61	15.0	1	.2
DALLAS-FORT WORTH	215	100.0	153	71.2	30	14.0	2	.9	27	12.6	3	1.4
DENVER-BOULDER	155	100.0	104	67.1	31	20.0	3	1.9	17	11.0		
DETROIT-ANN ARBOR	579	100.0	421	72.7	83	14.3	9	1.6	60	10.4	6	1.0
HOUSTON-GALVESTON-BROZONA	242	100.0	197	81.4	23	9.5	1	.4	19	7.9	2	.8
LA-ANAHEIM-RIVERSIDE	709	100.0	446	62.9	170	24.0	15	2.1	71	10.0	7	1.0
MIAMI-FORT LAUDERDALE	108	100.0	73	67.6	26	24.1	1	.9	7	6.5	1	.9
MILWAUKEE-RACINE	167	100.0	119	71.3	33	19.8	2	1.2	11	6.6	2	1.2
NEW YORK-NEW JERSEY	1,256	100.0	853	67.9	250	19.9	10	.8	130	10.4	13	1.0
PHILA-WILMINGTON-TRENTON	913	100.0	605	66.3	163	17.9	8	.9	132	14.5	5	.5
PITTSBURGH-BEAVER VALLEY	466	100.0	361	77.5	60	12.9	3	.6	40	8.6	2	.4
PORTLAND-VANCOUVER	155	100.0	91	58.7	42	27.1	4	2.6	14	9.0	4	2.6
SF-OAKLAND-SAN JOSE	423	100.0	267	63.1	107	25.3	5	1.2	34	8.0	10	2.4
SEATTLE-TACOMA	207	100.0	116	56.0	65	31.4	4	1.9	21	10.1	1	.5

Table 2: Newly Licensed Nurses by CMSA and Job Hunting Experiences

Demand for newly licensed nurses nationwide is great and two-thirds of new RNs residing in CMSAs claim that "many jobs" were available when the were job hunting. However, great diversity exists among the different CMSAs with over 80% of new RNs in Houston stating that "many jobs" were available and only 33% of Boston's new RNs stating the same.

Table CMSA-3
NEWLY LICENSED NURSES BY CMSA AND EMPLOYMENT SETTING

			EMPLOYMENT SETTING							
	TOTAL		HOSPITAL		NURSING HOME		COMMUNITY/HOME/ PUBLIC HEALTH AGENCY		SCHOOL NURSE/ PHYSICIAN'S OFFICE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,194	100.0	6,785	94.3	191	2.7	134	1.9	84	1.2
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	372	100.0	343	92.2	18	4.8	7	1.9	4	1.1
BUFFALO-NIAGARA FALLS	182	100.0	167	91.8	7	3.8	4	2.2	4	2.2
CHICAGO-GARY-LAKE CO	640	100.0	610	95.3	11	1.7	12	1.9	7	1.1
CINCINNATI-HAMILTON	231	100.0	213	92.2	11	4.8	4	1.7	3	1.3
CLEVELAND-AKRON-LORAINE	393	100.0	372	94.7	15	3.8	5	1.3	1	.3
DALLAS-FORT WORTH	208	100.0	188	90.4	4	1.9	6	2.9	10	4.8
DENVER-BOULDER	151	100.0	142	94.0	4	2.6	4	2.6	1	.7
DETROIT-ANN ARBOR	566	100.0	541	95.6	11	1.9	12	2.1	2	.4
HOUSTON-GALVESTON-BROZONA	230	100.0	216	93.9			6	2.6	8	3.5
LA-ANAHEIM-RIVERSIDE	684	100.0	653	95.5	6	.9	12	1.8	13	1.9
MIAMI-FORT LAUDERDALE	107	100.0	104	97.2	1	.9	2	1.9		
MILWAUKEE-RACINE	162	100.0	147	90.7	13	8.0	1	.6	1	.6
NEW YORK-NEW JERSEY	1,211	100.0	1,139	94.1	35	2.9	30	2.5	7	.6
PHILA-WILMINGTON-TRENTON	879	100.0	841	95.7	20	2.3	11	1.3	7	.8
PITTSBURGH-BEAVER VALLEY	449	100.0	428	95.3	10	2.2	6	1.3	5	1.1
PORTLAND-VANCOUVER	147	100.0	134	91.2	9	6.1	1	.7	3	2.0
SF-OAKLAND-SAN JOSE	392	100.0	383	97.7	4	1.0	3	.8	2	.5
SEATTLE-TACOMA	190	100.0	164	86.3	12	6.3	8	4.2	6	3.2

Table 3: Newly Licensed Nurses by CMSA and Employment Setting

Over 94% of new RNs residing in cities work in hospitals. This figure is sightly larger than that of the national figure of 91% suggesting that, in metropolitan areas, more opportunities are available in acute care settings. Among the CMSAs, Seattle contains the greatest percentage of new RNs employed in nursing homes and community/public health and Dallas contains the largest percentage working in schools and/or physician's offices.

Table CMSA-4
NEWLY LICENSED NURSES BY CMSA AND SIZE OF HOSPITAL OF EMPLOYMENT*

	TOTAL		HOSPITAL SIZE							
			6 TO 99 BEDS		100 TO 299 BEDS		300 TO 499 BEDS		500 BEDS OR MORE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	5,136	100.0	195	3.8	1,419	27.6	1,666	32.4	1,856	36.1
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	255	100.0	13	5.1	97	38.0	89	34.9	56	22.0
BUFFALO-NIAGARA FALLS	124	100.0	5	4.0	28	22.6	39	31.5	52	41.9
CHICAGO-GARY-LAKE CO	442	100.0	22	5.0	114	25.8	146	33.0	160	36.2
CINCINNATI-HAMILTON	159	100.0	6	3.8	52	32.7	57	35.8	44	27.7
CLEVELAND-AKRON-LORAINE	281	100.0	11	3.9	69	24.6	76	27.0	125	44.5
DALLAS-FORT WORTH	142	100.0	11	7.7	39	27.5	35	24.6	57	40.1
DENVER-BOULDER	108	100.0	1	.9	42	38.9	44	40.7	21	19.4
DETROIT-ANN ARBOR	415	100.0	11	2.7	84	20.2	123	29.6	197	47.5
HOUSTON-GALVESTON-BROZONA	169	100.0	11	6.5	50	29.6	33	19.5	75	44.4
LA-ANAHEIM-RIVERSIDE	504	100.0	25	5.0	159	31.5	175	34.7	145	28.8
MIAMI-FORT LAUDERDALE	82	100.0	1	1.2	20	24.4	21	25.6	40	48.8
MILWAUKEE-RACINE	100	100.0	4	4.0	41	41.0	37	37.0	18	18.0
NEW YORK-NEW JERSEY	871	100.0	11	1.3	154	17.7	283	32.5	423	48.6
PHILA-WILMINGTON-TRENTON	640	100.0	24	3.7	216	33.7	200	31.3	200	31.3
PITTSBURGH-BEAVER VALLEY	348	100.0	7	2.0	85	24.4	117	33.6	139	39.9
PORTLAND-VANCOUVER	92	100.0	8	8.7	20	21.7	47	51.1	17	18.5
SF-OAKLAND-SAN JOSE	283	100.0	13	[illegible]	112	39.6	97	34.3	61	21.6
SEATTLE-TACOMA	121	100.0	11	[illegible]	37	30.6	47	38.8	26	21.5

*ASKED ONLY OF THOSE [illegible] IN HOSPITALS

Table 4: Newly Licensed Nurses by CMSA and Size of Hospital

There is little variation in the size of the hospitals in which newly licensed nurses are employed. Less than 10% separates the newly licensed nurses employed in hospitals containing 100 to 299 beds and those working in institutions with 500 or more beds. A very small group of newly licensed nurses are employed in hospitals with less than 100 beds.

Table CMSA-5
NEWLY LICENSED NURSES BY CMSA AND LENGTH OF JOB HUNT

	TOTAL		LENGTH OF JOB HUNT—EMPLOYED IN NURSING							
			FOUND BEFORE GRADUATION		ONE MONTH OR LESS		2 TO 3 MONTHS		4 TO 6 MONTHS	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,334	100.0	5,654	77.1	1,123	15.3	393	5.4	164	2.2
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	378	100.0	287	75.9	48	12.7	31	8.2	12	3.2
BUFFALO-NIAGARA FALLS	186	100.0	146	78.5	29	15.6	9	4.8	2	1.1
CHICAGO-GARY-LAKE CO	647	100.0	489	75.6	113	17.5	35	5.4	10	1.5
CINCINNATI-HAMILTON	238	100.0	202	84.9	25	10.5	7	2.9	4	1.7
CLEVELAND-AKRON-LORAINE	399	100.0	336	84.2	47	11.8	15	3.8	1	.3
DALLAS-FORT WORTH	211	100.0	169	80.1	31	14.7	8	3.8	3	1.4
DENVER-BOULDER	154	100.0	124	80.5	23	14.9	7	4.5		
DETROIT-ANN ARBOR	570	100.0	462	81.1	71	12.5	25	4.4	12	2.1
HOUSTON-GALVESTON-BROZONA	236	100.0	180	76.3	47	19.9	4	1.7	5	2.1
LA-ANAHEIM-RIVERSIDE	695	100.0	461	66.3	162	23.3	47	6.8	25	3.6
MIAMI-FORT LAUDERDALE	107	100.0	70	65.4	27	25.2	7	6.5	3	2.8
MILWAUKEE-RACINE	164	100.0	130	79.3	25	15.2	7	4.3	2	1.2
NEW YORK-NEW JERSEY	1,234	100.0	882	71.5	203	16.5	103	8.3	46	3.7
PHILA-WILMINGTON-TRENTON	900	100.0	796	88.4	73	8.1	25	2.8	6	.7
PITTSBURGH-BEAVER VALLEY	461	100.0	403	87.4	42	9.1	12	2.6	4	.9
PORTLAND-VANCOUVER	151	100.0	115	76.2	22	14.6	8	5.3	6	4.0
SF-OAKLAND-SAN JOSE	400	100.0	259	64.7	101	25.2	23	5.7	17	4.2
SEATTLE-TACOMA	203	100.0	143	70.4	34	16.7	20	9.9	6	3.0

Table 5: Newly Licensed Nurses by CMSA and Length of Job Hunt

The length of time necessary to find a job is a good measure of demand and, generally speaking, over 90% of newly licensed nurses in CMSAs found jobs before or within one month of graduation indicating that demand for new RNs is very strong. The degree of demand, however, varies among the nation's cities. New RNs in the New York/New Jersey CMSA and the Seattle-Tacoma area state that it took slightly longer to find a job than their counterparts in the rest of the country. Nurses in the two CMSAs in Pennsylvania reported greater ease in locating their first job.

Table CMSA-6
NEWLY LICENSED NURSES BY CMSA AND ACTIVITY STATUS

			ACTIVITY STATUS					
	TOTAL		FULL-TIME		PART-TIME <20 HOURS		PART-TIME 20+	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,332	100.0	6,181	84.3	202	2.8	949	12.9
METROPOLITAN AREA								
BOSTON-LAWRENCE-SALEM	379	100.0	306	80.7	14	3.7	59	15.6
BUFFALO-NIAGARA FALLS	184	100.0	157	85.3	5	2.7	22	12.0
CHICAGO-GARY-LAKE CO	647	100.0	541	83.6	14	2.2	92	14.2
CINCINNATI-HAMILTON	238	100.0	189	79.4	8	3.4	41	17.2
CLEVELAND-AKRON-LORAINE	400	100.0	358	89.5	8	2.0	34	8.5
DALLAS-FORT WORTH	211	100.0	197	93.4	1	.5	13	6.2
DENVER-BOULDER	153	100.0	134	87.6	3	2.0	16	10.5
DETROIT-ANN ARBOR	572	100.0	455	79.5	28	4.9	89	15.6
HOUSTON-GALVESTON-BROZONA	237	100.0	222	93.7	5	2.1	10	4.2
LA-ANAHEIM-RIVERSIDE	694	100.0	564	81.3	32	4.6	98	14.1
MIAMI-FORT LAUDERDALE	109	100.0	94	86.2	3	2.8	12	11.0
MILWAUKEE-RACINE	164	100.0	140	85.4	3	1.8	21	12.8
NEW YORK-NEW JERSEY	1,232	100.0	1,101	89.4	31	2.5	100	8.1
PHILA-WILMINGTON-TRENTON	898	100.0	760	84.6	19	2.1	119	13.3
PITTSBURGH-BEAVER VALLEY	462	100.0	441	95.5	7	1.5	14	3.0
PORTLAND-VANCOUVER	151	100.0	125	82.8	1	.7	25	16.6
SF-OAKLAND-SAN JOSE	399	100.0	239	59.9	12	3.0	148	37.1
SEATTLE-TACOMA	202	100.0	158	78.2	8	4.0	36	17.8

Table 6: Newly Licensed Nurses by CMSA and Activity Status

A large majority (84.3%) of new RNs in CMSAs are employed full-time and an additional 13% are working part-time, 20 hours or more a week. Newly licensed nurses in San Francisco are *least* likely to work full-time and new RNs in Pittsburgh are *most* likely to work full-time.

Table CMSA-7
REASON FOR CHOOSING CURRENT POSITION AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		PRIOR EXPERIENCE		SALARY BENEFITS		REPUTATION OF INSTITUTION		LOCATION		CHOSEN SPECIALTY		SHIFT/HOURS		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	7,846	28.0	2,195	11.9	934	15.9	1,250	12.6	991	32.2	2,527	2.5	198	5.6	443
BOSTON-LAWRENCE-SALEM	100.0	403	30.5	123	13.4	54	19.6	79	11.7	47	26.6	107	1.7	7	5.2	21
BUFFALO-NIAGARA FALLS	100.0	199	34.2	68	11.6	23	13.1	26	16.1	32	28.1	56	2.5	5	4.0	8
CHICAGO-GARY-LAKE CO	100.0	708	28.7	203	12.4	88	16.5	117	14.3	101	26.6	188	2.4	17	5.8	41
CINCINNATI-HAMILTON	100.0	247	34.4	85	10.1	25	10.5	26	10.5	26	35.6	88	2.0	5	5.7	14
CLEVELAND-AKRON-LORAINE	100.0	431	31.1	134	11.1	48	14.6	63	10.7	46	33.9	146	3.2	14	8.1	35
DALLAS-FORT WORTH	100.0	232	19.8	46	9.1	21	13.4	31	9.9	23	46.6	108	3.0	7	4.3	10
DENVER-BOULDER	100.0	160	20.0	32	12.5	20	18.8	30	6.9	11	38.1	61	3.1	5	8.7	15
DETROIT-ANN ARBOR	100.0	603	34.5	208	10.3	62	11.6	70	11.4	69	32.3	195	3.2	19	4.0	24
HOUSTON-GALVESTON-BROZONA	100.0	248	21.4	53	11.3	28	12.1	30	14.5	36	37.1	92	2.4	6	5.2	13
LA-ANAHEIM-RIVERSIDE	100.0	748	24.5	183	13.0	97	16.4	123	12.4	93	36.5	273	2.4	18	6.1	46
MIAMI-FORT LAUDERDALE	100.0	119	30.3	36	12.6	15	11.8	14	12.6	15	31.9	38	5.0	6	7.6	9
MILWAUKEE-RACINE	100.0	172	24.4	42	13.4	23	12.2	21	7.0	12	37.8	65	4.7	8	5.2	9
NEW YORK-NEW JERSEY	100.0	1,324	28.5	378	11.2	148	18.1	239	14.7	194	28.9	382	2.6	34	5.4	72
PHILA-WILMINGTON-TRENTON	100.0	967	27.9	270	11.0	106	16.4	159	12.6	122	32.1	310	2.5	24	5.9	57
PITTSBURGH-BEAVER VALLEY	100.0	484	28.1	136	15.1	73	11.6	56	15.5	75	29.5	143	1.0	5	4.5	22
PORTLAND-VANCOUVER	100.0	162	21.6	35	17.9	29	19.1	31	11.1	18	33.3	54	3.1	5	9.3	15
SF-OAKLAND-SAN JOSE	100.0	428	22.9	98	12.1	52	25.0	107	12.4	53	34.3	147	1.4	6	4.9	21
SEATTLE-TACOMA	100.0	211	30.8	65	10.4	22	13.3	28	8.5	18	35.1	74	3.3	7	5.7	12

Table 7: Reason for Choosing Current Position among Newly Licensed Nurses by CMSA

The primary factor influencing newly licensed nurses in choosing their current position is "opportunity to work in chosen specialty." "Prior experience in the institution" ranked second among the considerations for choosing their current job and "reputation of the institution" ranked third. These three factors head the list in all CMSAs except Buffalo, Cincinnati, Detroit, and Houston where "location" ranked among the top three. In Miami "salary/benefits" outranked "opportunity to work in chosen specialty."

Table CMSA-8

PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES BY CMSA

			EVALUATION OF EMPLOYMENT ORIENTATION									
	TOTAL		EXCELLENT		VERY GOOD		GOOD		FAIR		POOR	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,276	100.0	1,608	22.1	2,179	29.9	1937	26.6	1,008	13.9	399	5.5
BOSTON-LAWRENCE-SALEM	375	100.0	93	24.8	103	27.5	100	26.7	56	14.9	15	4.0
BUFFALO-NIAGARA FALLS	185	100.0	27	14.6	64	34.6	54	29.2	25	13.5	13	7.0
CHICAGO-GARY-LAKE CO	639	100.0	139	21.8	182	28.5	181	28.3	91	14.2	42	6.6
CINCINNATI-HAMILTON	237	100.0	48	20.3	80	33.8	62	26.2	28	11.8	9	3.8
CLEVELAND-AKRON-LORAINE	396	100.0	76	19.2	106	26.8	117	29.5	69	17.4	26	6.6
DALLAS-FORT WORTH	208	100.0	53	25.5	51	24.5	48	23.1	24	11.5	19	9.1
DENVER-BOULDER	153	100.0	51	33.3	43	28.1	36	23.5	13	8.5	8	5.2
DETROIT-ANN ARBOR	568	100.0	125	22.0	167	29.4	158	27.8	89	15.7	18	3.2
HOUSTON-GALVESTON-BROZONA	235	100.0	42	17.9	68	28.9	59	25.1	39	16.6	14	6.0
LA-ANAHEIM-RIVERSIDE	687	100.0	143	20.8	196	28.5	180	26.2	109	15.9	41	6.0
MIAMI-FORT LAUDERDALE	109	100.0	25	22.9	29	26.6	33	30.3	17	15.6	3	2.8
MILWAUKEE-RACINE	164	100.0	39	23.8	63	38.4	34	20.7	22	13.4	3	1.8
NEW YORK-NEW JERSEY	1,228	100.0	239	19.5	349	28.4	377	30.7	174	14.2	61	5.0
PHILA-WILMINGTON-TRENTON	891	100.0	191	21.4	298	33.4	224	25.1	107	12.0	63	7.1
PITTSBURGH-BEAVER VALLEY	461	100.0	112	24.3	131	28.4	120	26.0	65	14.1	30	6.5
PORTLAND-VANCOUVER	148	100.0	42	28.4	48	32.4	42	28.4	13	8.8	2	1.4
SF-OAKLAND-SAN JOSE	392	100.0	113	28.8	130	33.2	79	20.2	39	9.9	18	4.6
SEATTLE-TACOMA	200	100.0	50	25.0	71	35.5	33	16.5	28	14.0	14	7.0

Table 8: Perceived Quality of Orientation among Newly Licensed Nurses by CMSA

Over half of the new RNs in CMSAs stated that their orientation was very good or excellent. An additional 2[illegible]% felt their orientation was good. Two percent state they had no orientation at all. Newly licensed nurses in San Francisco and Milwaukee were *more* likely to state that their orientation was very good/excellent whereas those in New York and Cleveland were *less* likely to respond so.

Table CMSA-9
NUMBER OF NURSING JOBS SINCE GRADUATION BY CMSA

	TOTAL		NUMBER OF JOBS SINCE RN LICENSURE							
			FIRST		SECOND		THIRD		FOURTH OR MORE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,342	100.0	5,981	81.5	1,158	15.8	148	2.0	55	.7
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	380	100.0	319	83.9	53	13.9	7	1.8	1	.3
BUFFALO-NIAGARA FALLS	185	100.0	157	84.9	22	11.9	4	2.2	2	1.1
CHICAGO-GARY-LAKE CO	646	100.0	522	80.8	105	16.3	15	2.3	4	.6
CINCINNATI-HAMILTON	238	100.0	188	79.0	42	17.6	8	3.4		
CLEVELAND-AKRON-LORAINE	400	100.0	323	80.7	67	16.7	5	1.2	5	1.2
DALLAS-FORT WORTH	210	100.0	160	76.2	42	20.0	5	2.4	3	1.4
DENVER-BOULDER	154	100.0	120	77.9	28	18.2	5	3.2	1	.6
DETROIT-ANN ARBOR	571	100.0	456	79.9	91	15.9	17	3.0	7	1.2
HOUSTON-GALVESTON-BROZONA	236	100.0	172	72.9	53	22.5	7	3.0	4	1.7
LA-ANAHEIM-RIVERSIDE	695	100.0	556	80.0	115	16.5	17	2.4	7	1.0
MIAMI-FORT LAUDERDALE	108	100.0	91	84.3	15	13.9	2	1.9		
MILWAUKEE-RACINE	164	100.0	129	78.7	29	17.7	4	2.4	2	1.2
NEW YORK-NEW JERSEY	1,236	100.0	1,038	84.0	176	14.2	17	1.4	5	.4
PHILA-WILMINGTON-TRENTON	900	100.0	750	83.3	140	15.6	8	.9	2	.2
PITTSBURGH-BEAVER VALLEY	463	100.0	382	82.5	64	13.8	14	3.0	3	.6
PORTLAND-VANCOUVER	151	100.0	126	83.4	17	11.3	5	3.3	3	2.0
SF-OAKLAND-SAN JOSE	402	100.0	330	82.1	66	16.4	3	.7	3	.7
SEATTLE-TACOMA	203	100.0	162	79.8	33	16.3	5	2.5	3	1.5

Table 9: Number of Nursing Jobs Since Graduation by CMSA

After almost one year in the work force, over 80% of newly licensed nurses were still working at their first nursing job. This suggests satisfaction with current employment conditions. Newly licensed nurses in Buffalo and New York City appear to be most stable in their first positions and new RNs in Houston are more likely to be working in their second job since graduation.

Table CMSA-10
EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		SATISFIED		UNSATISFIED	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	6.938	78.0	5.409	22.0	1,529
BOSTON-LAWRENCE-SALEM	100.0	358	81.3	291	18.7	67
BUFFALO-NIAGARA FALLS	100.0	174	70.7	123	29.3	51
CHICAGO-GARY-LAKE CO	100.0	621	74.7	464	25.3	157
CINCINNATI-HAMILTON	100.0	227	77.5	176	22.5	51
CLEVELAND-AKRON-LORAINE	100.0	384	80.2	308	19.8	76
DALLAS-FORT WORTH	100.0	197	85.3	168	14.7	29
DENVER-BOULDER	100.0	142	84.5	120	15.5	22
DETROIT-ANN ARBOR	100.0	550	76.2	419	23.8	131
HOUSTON-GALVESTON-BROZONA	100.0	227	77.5	176	22.5	51
LA-ANAHEIM-RIVERSIDE	100.0	649	74.6	484	25.4	165
MIAMI-FORT LAUDERDALE	100.0	98	75.5	74	24.5	24
MILWAUKEE-RACINE	100.0	152	82.2	125	17.8	27
NEW YORK-NEW JERSEY	100.0	1,164	76.5	891	23.5	273
PHILA-WILMINGTON-TRENTON	100.0	839	78.9	662	21.1	177
PITTSBURGH-BEAVER VALLEY	100.0	439	72.2	317	27.8	122
PORTLAND-VANCOUVER	100.0	146	89.0	130	11.0	16
SF OAKLAND SAN JOSE	100.0	381	84.3	321	15.7	60
SEATTLE-TACOMA	100.0	190	84.2	160	15.8	30

Table 10: Employment Satisfaction among Newly Licensed Nurses by CMSA

Of all new RNs working in CMSAs, 78% are satisfied in their current position. RNs are most satisfied in Portland and least satisfied in Buffalo.

Table CMSA-11

MAIN REASON FOR EMPLOYMENT SATISFACTION OF NEWLY LICENSED NURSES BY CMSA

	TOTAL		REASONS FOR SATISFACTION											
			SALARY/BENEFITS		OPPORTUNITY FOR ADVANCEMENT		OPPORTUNITY FOR CONTINUING EDUCATION		WORKING IN DESIRED SPECIALTY		HOURS/SCHEDULE		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	5,409	24.6	1,328	11.4	617	13.8	749	48.0	2,595	22.1	1,194	5.7	310
BOSTON-LAWRENCE-SALEM	100.0	291	29.6	86	15.8	46	12.7	37	38.8	113	17.2	50	7.9	23
BUFFALO-NIAGARA FALLS	100.0	123	22.8	28	10.6	13	12.2	15	49.6	61	19.5	24	4.1	5
CHICAGO-GARY-LAKE CO	100.0	464	20.0	93	10.6	49	13.1	61	43.5	202	23.5	109	7.1	33
CINCINNATI-HAMILTON	100.0	176	15.3	27	8.5	15	11.4	20	63.6	112	21.6	38	4.0	7
CLEVELAND-AKRON-LORAINE	100.0	308	27.6	85	8.8	27	11.4	35	48.4	149	20.8	64	3.9	12
DALLAS-FORT WORTH	100.0	168	17.3	29	8.9	15	15.5	26	58.9	99	24.4	41	3.6	6
DENVER-BOULDER	100.0	120	16.7	20	10.0	12	12.5	15	52.5	63	22.5	27	5.8	7
DETROIT-ANN ARBOR	100.0	419	20.3	85	8.6	36	10.0	42	51.8	217	23.2	97	5.0	21
HOUSTON-GALVESTON-BROZONA	100.0	176	21.6	38	13.1	23	13.1	23	51.1	90	25.0	44	3.4	6
LA-ANAHEIM-RIVERSIDE	100.0	484	25.2	122	14.3	69	14.3	69	49.6	240	23.3	113	7.2	35
MIAMI-FORT LAUDERDALE	100.0	74	25.7	19	17.6	13	21.6	16	41.9	31	21.6	16	4.1	3
MILWAUKEE-RACINE	100.0	125	20.8	26	8.0	10	12.0	15	51.2	64	20.8	26	8.8	11
NEW YORK-NEW JERSEY	100.0	891	28.8	257	12.0	107	15.7	140	44.7	398	25.1	224	4.8	43
PHILA-WILMINGTON-TRENTON	100.0	662	24.3	161	9.5	63	15.9	105	46.5	308	22.8	151	4.7	31
PITTSBURGH-BEAVER VALLEY	100.0	317	27.1	86	13.6	43	13.6	43	45.4	144	16.1	51	3.5	11
PORTLAND-VANCOUVER	100.0	130	26.2	34	11.5	15	13.1	17	46.2	60	18.5	24	12.3	16
SF-OAKLAND-SAN JOSE	100.0	321	29.3	94	15.0	48	15.9	51	51.4	165	19.3	62	7.8	25
SEATTLE-TACOMA	100.0	160	23.7	38	8.1	13	11.9	19	49.4	79	20.6	33	9.4	15

Table 11: Main Reason for Employment Satisfaction of Newly Licensed Nurses by CMSA

New RNs in CMSAs cite "opportunity to work in desired specialty" as the primary source of satisfaction with their current position. "Salary/benefits" and "flexible hours/schedule" rank second and third among newly licensed nurses employed in metropolitan areas. Interestingly, "opportunity for continuing education" ranks third in Miami.

Table CMSA-12

MAIN REASON FOR EMPLOYMENT DISSATISFACTION OF NEWLY LICENSED NURSES BY CMSA

			REASONS FOR DISSATISFACTION									
	TOTAL		INADEQUATE SALARY		POOR WORKING CONDITIONS		UNSATISFYING STAFF RELATIONS		SKILLS UNDERUTILIZED		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	1,529	29.2	447	48.3	739	28.0	428	10.4	159	14.9	228
BOSTON-LAWRENCE-SALEM	100.0	67	22.4	15	52.2	35	23.9	16	19.4	13	16.4	11
BUFFALO-NIAGARA FALLS	100.0	51	31.4	16	52.9	27	31.4	16	9.8	5	13.7	7
CHICAGO-GARY-LAKE CO	100.0	157	39.5	62	47.1	74	24.8	39	5.1	8	14.6	23
CINCINNATI-HAMILTON	100.0	51	37.3	19	31.4	16	25.5	13	13.7	7	7.8	4
CLEVELAND-AKRON-LORAINE	100.0	76	23.7	18	50.0	38	27.6	21	9.2	7	15.8	12
DALLAS-FORT WORTH	100.0	29	37.9	11	55.2	16	20.7	6	13.8	4	6.9	2
DENVER-BOULDER	100.0	22	22.7	5	54.5	12	18.2	4	13.6	3	13.6	3
DETROIT-ANN ARBOR	100.0	137	35.9	47	40.5	53	34.4	45	7.6	10	16.8	22
HOUSTON-GALVESTON-BROZONA	100.0	51	43.1	22	37.3	19	17.6	9	7.8	4	19.6	10
LA-ANAHEIM-RIVERSIDE	100.0	165	34.5	57	49.1	81	27.3	45	10.9	18	17.6	29
MIAMI-FORT LAUDERDALE	100.0	24	25.0	6	58.3	14	16.7	4	4.2	1	16.7	4
MILWAUKEE-RACINE	100.0	27	44.4	12	29.6	8	25.9	7	3.7	1	18.5	5
NEW YORK-NEW JERSEY	100.0	273	23.4	64	50.9	139	34.8	95	15.0	41	11.0	30
PHILA-WILMINGTON-TRENTON	100.0	177	16.9	30	47.5	84	27.7	49	9.0	16	19.2	34
PITTSBURGH-BEAVER VALLEY	100.0	122	28.7	35	52.5	64	31.1	38	5.7	7	13.1	16
PORTLAND-VANCOUVER	100.0	16	18.8	3	68.8	11	6.3	1	37.5	6	12.5	2
SF-OAKLAND-SAN JOSE	100.0	60	28.3	17	58.3	35	20.0	12	10.0	6	16.7	10
SEATTLE-TACOMA	100.0	30	26.7	8	43.3	13	26.7	8	6.7	2	13.3	4

Table 12: Main Reason For Employment Dissatisfaction of Newly Licensed Nurses by CMSA

Newly licensed nurses stating dissatisfaction with their current position cite "poor working conditions" (forced rotation, poor scheduling, etc.) as the primary source of their discontent. "Inadequate salary" and "unsatisfying staff relations" ranked second and third. All CMSAs followed the same general pattern except Cincinnati and Houston where "inadequate salary" ranked first and Portland where "skills underutilized" placed third.

Table CMSA-13
RACIAL—ETHNIC BACKGROUND OF NEWLY LICENSED NURSES BY CMSA

	TOTAL		WHITE		BLACK		HISPANIC		ASIAN		AMERICAN INDIAN	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	6,311	87.0	457	6.3	255	3.5	211	2.9	22	.3
BOSTON-LAWRENCE-SALEM	370	100.0	354	95.7	10	2.7	2	.5	4	1.1	0	0.0
BUFFALO-NIAGARA FALLS	188	100.0	177	94.1	7	3.7	3	1.6	1	.5	0	0.0
CHICAGO-GARY-LAKE CO	641	100.0	543	84.7	54	8.4	16	2.5	27	4.2	1	.2
CINCINNATI-HAMILTON	239	100.0	229	95.8	5	2.1	1	.4	3	1.3	1	.4
CLEVELAND-AKRON-LORAINE	393	100.0	372	94.7	16	4.1	3	.8	2	.5	0	0.0
DALLAS-FORT WORTH	204	100.0	180	88.2	17	8.3	5	2.5	2	.8	0	0.0
DENVER-BOULDER	149	100.0	139	93.3	4	2.7	5	3.4	1	.7	0	0.0
DETROIT-ANN ARBOR	564	100.0	522	92.6	31	5.5	4	.7	6	1.1	1	.2
HOUSTON-GALVESTON-BROZONA	233	100.0	194	83.3	26	11.2	7	3.0	5	2.1	1	.4
LA-ANAHEIM-RIVERSIDE	685	100.0	490	71.5	38	5.5	90	13.1	62	9.1	5	.7
MIAMI-FORT LAUDERDALE	107	100.0	73	68.2	17	15.9	16	15.0	0	0.0	1	.9
MILWAUKEE-RACINE	162	100.0	147	90.7	11	6.8	1	.6	2	1.2	1	.6
NEW YORK-NEW JERSEY	1,207	100.0	961	79.6	151	12.5	64	5.3	29	2.4	2	.2
PHILA-WILMINGTON-TRENTON	882	100.0	822	93.2	41	4.6	11	1.2	8	.9	0	0.0
PITTSBURGH-BEAVER VALLEY	464	100.0	454	97.8	7	1.5	1	.2	2	.4	0	0.0
PORTLAND-VANCOUVER	153	100.0	141	92.2	1	.7	1	.7	7	4.6	3	2.0
SF-OAKLAND-SAN JOSE	412	100.0	324	78.6	17	4.1	23	5.6	44	10.7	4	1.0
SEATTLE-TACOMA	203	100.0	189	93.1	4	2.0	2	1.0	6	3.0	2	1.0

Table 13: Racial-Ethnic Background of Newly Licensed Nurses by CMSA

Great diversity exists in the racial-ethnic composition of newly licensed nurses in metropolitan areas. Portland, Cincinnati, and Boston are the least diverse and Miami is the most diverse.

Table CMSA-14
MARITAL STATUS OF NEWLY LICENSED NURSES BY CMSA

	TOTAL		NEVER MARRIED		MARRIED		SEPARATED/DIVORCED		WIDOWED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	3,145	43.3	3,218	44.3	840	11.6	53	.7
BOSTON-LAWRENCE-SALEM	370	100.0	205	55.4	128	34.6	34	9.2	3	.8
BUFFALO-NIAGARA FALLS	188	100.0	83	44.1	74	39.4	28	14.9	3	1.6
CHICAGO-GARY-LAKE CO	641	100.0	299	46.6	274	42.7	65	10.1	3	.5
CINCINNATI-HAMILTON	239	100.0	82	34.3	133	55.6	23	9.6	1	.4
CLEVELAND-AKRON-LORAINE	393	100.0	174	44.3	180	45.8	38	9.7	1	.3
DALLAS-FORT WORTH	204	100.0	50	24.5	122	59.8	26	12.7	6	2.9
DENVER-BOULDER	149	100.0	36	24.2	81	54.4	32	21.5	0	0.0
DETROIT-ANN ARBOR	564	100.0	212	37.6	282	50.0	69	12.2	1	.2
HOUSTON-GALVESTON-BROZONA	233	100.0	39	16.7	153	65.7	40	17.2	1	.4
LA-ANAHEIM-RIVERSIDE	685	100.0	236	34.5	348	50.8	96	14.0	5	.7
MIAMI-FORT LAUDERDALE	107	100.0	46	43.0	42	39.3	19	17.8	0	0.0
MILWAUKEE-RACINE	162	100.0	77	47.5	68	42.0	16	9.9	1	.6
NEW YORK-NEW JERSEY	1,207	100.0	644	53.4	439	36.4	115	9.5	9	.7
PHILA-WILMINGTON-TRENTON	882	100.0	446	50.6	345	39.1	84	9.5	7	.8
PITTSBURGH-BEAVER VALLEY	464	100.0	243	52.4	163	35.1	54	11.6	4	.9
PORTLAND-VANCOUVER	153	100.0	49	32.0	77	50.3	26	17.0	1	.7
SF-OAKLAND-SAN JOSE	412	100.0	162	39.3	196	47.6	51	12.4	3	.7
SEATTLE-TACOMA	203	100.0	62	30.5	113	55.7	24	11.8	4	2.0

Table 14: Marital Status of Newly Licensed Nurses by CMSA

CMSAs can be divided into three major categories: (1) those where the "never married" prevail (Boston, New York, Philadelphia, Pittsburgh), (2) those where the "married" dominate (Cincinnati, Dallas, Boulder, Detroit, Houston, Los Angeles, Portland, San Francisco, and Seattle), and (3) those where almost equal proportions of married and singles reside (Buffalo, Chicago, Cleveland, Miami, Milwaukee).

Table CMSA-15

PRESENCE OF CHILDREN AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		HAS CHILDREN		HAS NO CHILDREN	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	2,806	38.7	4,450	61.3
BOSTON-LAWRENCE-SALEM	370	100.0	107	28.9	263	71.1
BUFFALO-NIAGARA FALLS	188	100.0	69	36.7	119	63.3
CHICAGO-GARY-LAKE CO	641	100.0	241	37.6	400	62.4
CINCINNATI-HAMILTON	239	100.0	109	45.6	130	54.4
CLEVELAND-AKRON-LORAINE	393	100.0	140	35.6	253	64.4
DALLAS-FORT WORTH	204	100.0	91	44.6	113	55.4
DENVER-BOULDER	149	100.0	76	51.0	73	49.0
DETROIT-ANN ARBOR	564	100.0	233	41.3	331	58.7
HOUSTON-GALVESTON-BROZONA	233	100.0	138	59.2	95	40.8
LA-ANAHEIM-RIVERSIDE	685	100.0	312	45.5	373	54.5
MIAMI-FORT LAUDERDALE	107	100.0	35	32.7	72	67.3
MILWAUKEE-RACINE	162	100.0	57	35.2	105	64.8
NEW YORK-NEW JERSEY	1,207	100.0	411	34.1	796	65.9
PHILA-WILMINGTON-TRENTON	882	100.0	311	35.3	571	64.7
PITTSBURGH-BEAVER VALLEY	464	100.0	159	34.3	305	65.7
PORTLAND-VANCOUVER	153	100.0	61	39.9	92	60.1
SF-OAKLAND-SAN JOSE	412	100.0	165	40.0	247	60.0
SEATTLE-TACOMA	203	100.0	91	44.8	112	55.2

Table 15: Presence of Dependent Children Among Newly Licensed Nurses by CMSA

In most CMSAs, a larger proportion of new RNs have no dependent children living at home. In Cincinnati, Denver, Los Angeles and Seattle, the proportion of new RNs with and without dependent children at home is about equal.

Table CMSA-16
AGE OF NEWLY LICENSED NURSES BY METROPOLITAN AREA OF RESIDENCE

	NUMBER	MEAN AGE	STD DEV
GRAND TOTAL	14,335	31.4	8.09
METROPOLITAN AREA			
BOSTON-LAWRENCE-SALEM	387	29.6	7.53
BUFFALO-NIAGARA FALLS	188	29.9	7.57
CHICAGO-GARY-LAKE CO	655	30.0	7.92
CINCINNATI-HAMILTON	244	31.3	8.30
CLEVELAND-AKRON-LORAINE	405	30.8	7.99
DALLAS-FORT WORTH	208	32.5	8.44
DENVER-BOULDER	153	32.2	7.58
DETROIT-ANN ARBOR	574	31.1	7.92
HOUSTON-GALVESTON-BROZONA	239	34.2	7.73
LA-ANAHEIM-RIVERSIDE	702	31.8	7.74
MIAMI-FORT LAUDERDALE	107	29.7	7.57
MILWAUKEE-RACINE	165	29.6	6.93
NEW YORK-NEW JERSEY	1,237	29.9	8.06
PHILA-WILMINGTON-TRENTON	902	29.1	7.39
PITTSBURGH-BEAVER VALLEY	466	30.0	8.10
PORTLAND-VANCOUVER	153	32.5	8.00
SF-OAKLAND-SAN JOSE	416	32.3	7.63
SEATTLE-TACOMA	207	31.5	7.00
NON-METROPOLITAN AREAS	6,927	32.2	8.23

Table 16: Age of Newly Licensed Nurses by CMSA

The average age of newly licensed nurses in metropolitan areas is 31. The mean age is lowest in Philadelphia, Boston, Miami, and Milwaukee. On average, new RNs are oldest in Houston with a mean age of over 34.

Table CMSA-17
MEAN FULL-TIME SALARIES OF NEWLY LICENSED NURSES BY CMSA

	SALARY	
	MEAN SALARY	STD DEV
GRAND TOTAL	$23,504.3	$ 9,213
METROPOLITAN AREA		
BOSTON-LAWRENCE-SALEM	26,830.8	9,995
BUFFALO-NIAGARA FALLS	21,504.1	8,192
CHICAGO-GARY-LAKE CO	23,211.1	8,194
CINCINNATI-HAMILTON	21,052.0	8,626
CLEVELAND-AKRON-LORAINE	24,082.8	8,641
DALLAS-FORT WORTH	23,872.6	9,519
DENVER-BOULDER	23,059.0	7,541
DETROIT-ANN ARBOR	23,848.4	9,131
HOUSTON-GALVESTON-BROZONA	24,249.6	8,950
LA-ANAHEIM-RIVERSIDE	27,499.1	11,054
MIAMI-FORT LAUDERDALE	25,612.8	8,536
MILWAUKEE-RACINE	21,585.4	7,555
NEW YORK-NEW JERSEY	29,168.3	10,363
PHILA-WILMINGTON-TRENTON	26,911.0	9,218
PITTSBURGH-BEAVER VALLEY	23,571.5	7,651
PORTLAND-VANCOUVER	22,875.1	9,147
SF-OAKLAND-SAN JOSE	27,137.5	12,012
SEATTLE-TACOMA	21,702.6	8,705
NON-METROPOLITAN AREAS	21,391.5	8,011

Table 17: Mean Full-Time Salaries of Newly Licensed Nurses by CMSA

The highest average full-time salaries among newly licensed nurses residing in cities are found in the New York City metropolitan area and the San Francisco Bay area. The lowest average salaries are found in Buffalo and Seattle. Salaries of new RNs living in non-metropolitan areas are considerably lower than those of their urban counterparts.

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PREFACE

Licensed to Care: An Executive Report of the New Nurse is the culmination of an extraordinary effort to capture and present the exemplary experiences of the nation's newly licensed nurses. In response to the urgent need for accurate data on the nursing supply, the National League for Nursing has taken the lead in analyzing the current condition of America's contemporary cohort of new nurses by conducting the survey of newly licensed nurses. The study was designed to collect information that can be effectively utilized by nurse executives in recruiting and retaining registered nurses. It offers in-depth data necessary to ascertain their demographic characteristics, to assess their employment experiences and evaluate their educational backgrounds.

The strength of the study and the resulting data is based on its sound methodological approach. First, the sheer number of respondents, over 28,000 new RNs, assure statistically significant data. Additionally, the excellent national and regional response rates guarantee that the data are comprehensive and reliable.

Many individuals at NLN were involved in the coordination, design, and production of the study and its resulting publications. Special thanks are due to Kathy Kaufman and Jill Hodge, Research Coordinators, for their contributions in data analysis and graphics.

Peri Rosenfeld, PhD
Vice President
Division of Research

Section 1
Executive Summary

EXECUTIVE SUMMARY

INTRODUCTION

The Nursing Shortage: How Do New RNs Fit In?

Recent developments have forced employers of health care professionals, policymakers, and the public to seriously evaluate and understand the status of nursing within the changing health care climate. Greater emphasis on cost containment, the scarcity of nurses and other providers, and the mushrooming of out-of-hospital health care delivery are just three major transformations that are responsible for the current focus on nurses in the health industry.

The key words in modern health care are cost containment and home care and nursing is a primary component for the success of both. While nurses are at the center of change they have not always been involved in providing the solutions. The current nursing shortage has altered that situation and thrust nursing into a new role within the health care system.

More importantly, the present nursing shortage has sent a strong message to the health care industry and others that nursing is a scarce resource whose numbers cannot be taken for granted. Indeed, despite consistent increases in the *supply* of RNs, the health care system continues to demand more.

The solution to the shortage is not the *numbers* of nurses but the *proper utilization* of nurses. Nurses are already the largest group of health care providers with over 2 million RNs in the contemporary supply. When RNs are treated as autonomous professionals and not required to perform tasks that are best undertaken by paraprofessional or other health care workers, the number of RNs required for proper care is diminished. In other words, the shortage is the result of increased demand for RNs, and that increased demand is the result of inappropriate utilization of RNs by their employers. As the Secretary's Commission on Nursing concluded,

> ". . . the current nurse shortage is primarily the result of a rapidly-increasing demand for RNs. Some of this increased demand for RNs is a rising because health care delivery organizations are compensating for reductions in non-nursing staff, both clinical and non-clinical—as well as in other categories of nursing personnel . . . These recommendations call for the provision of adequate support services for nurses,utilization of the most appropriate mix of nursing personnel . . . and improvement in the internal management of nurse resources . . . ." (Secretary's Commission on Nursing, 1989).

The future outlook for health care, therefore, is related to the future of nursing, and the brightest signpost for the future is the newest crop of RNs. This cadre of new licensees provides us with a window to the future of nursing and health care. *Licensed to Care: An Executive Report of New Nurses* was designed as a tool for administrators to help them better appreciate the experiences, attitudes and characteristics of the new nurse. The data contained in this report will assist in planning for the contemporary and future demand for nurses. Because each geographic region is unique in terms of its demographic and economic characteristics, each volume of *Licensed to Care* will focus on one census region as it compares to the national perspective.

Research Design and Response Rate

In March 1990, eight months after obtaining RN licensure, all newly licensed registered nurses were sent a survey to identify their demographic characteristics, assess their educational background, and examine their employment experiences. Prior to sending the survey to the field, each state board of nursing except New Hampshire and Hawaii granted permission for the release of the names and addresses of their new licensees to the National League for Nursing.

After three mailings a total of 28,147 completed surveys were received representing an excellent response rate of 64% nationwide. Response rates for the individual states varied from a high of 76% in Maryland and New Jersey to a low of 52% in Alabama. Among the largest states—New York, California, Illinois, Texas—response rates fluctuated in the high 60% range. In view of the fact that these response rates reflect the **universe of new RNs and not a sample**, these figures are extremely respectable and confirm the reliability and validity of these data.

Educational Profile of the Newly Licensed Nurse

A Short History of Nursing Education Programs

The history of nursing education is replete with struggles between those who argue that the proper setting for nursing preparation is in institutions of higher learning and those considering the hospital the appropriate place for nursing education. The trend toward college preparation has triumphed as evidenced by the decline in numbers of diploma programs and the spiraling surge in associate degree and baccalaureate programs. Despite the cyclical nature of nursing shortages, there has been continual growth in the *number* of educational programs for nurses with the current figure hovering around 1,450.

Type of nursing education and geographic location are the two most powerful variables in explaining differences among nurses in general and new RNs in particular. Historically the newest form of nursing education, associate degree programs now comprise the majority—over 60%—of nursing preparation programs in America. Diploma programs, which predominated for most of nursing's illustrious history, are now the minority—less than 10 %—while the proportion of basic baccalaureate programs has remained essentially stable at about one-third of the total throughout the last century.

The Significance of Nursing Education Programs

The ratio of associate degree programs vis a vis diploma and baccalaureate programs varies from region to region. It is noteworthy that the remaining number of diploma programs are concentrated in the north eastern portion of the nation and the number of associate degree programs grows as one moves westward. The proportion of basic baccalaureate programs is highest in the New England region and hovers around the 30% mark in all other locations.

In regard to educational preparation, the cohort of recent graduates is *not*, however, a mirror image of the current nursing supply. According to the *1988 RN Sample Survey* conducted by the Department of Health and Human Services, diploma graduates comprise approximately 40% of the nation's nursing supply, associate degree graduates represent 25% and baccalaureate,25%. In the *1977 Sample Survey*, 67% of the supply was prepared at the diploma level, 11% at the associate degree level, and 18%,baccalaureate. This confirms that the growth in associate degree programs is having an impact on the general supply.

Another significant characteristic emerges in understanding the educational backgrounds of new RNs. A greater proportion of the contemporary cohort has had experience in the health care delivery system prior to RN licensure. Almost one-third of the new RNs had practiced as licensed practical/vocational nurses, and a significant percentage of these individuals *returned to their previous employer as RNs*. A closer look at these data reveals that over 40% of the associate degree graduates had previously practiced as LPN/LVNs, almost 20% of the diploma graduates had previous LPN/LVN experience and less than 10% of the baccalaureate alumni were previously LPN/LVNs.

The implications of these data are noteworthy for several reasons. First, it is evident that RN licensure is a measure of career mobility for many already employed in the health care system. For the nursing executive this suggests that continuing education can be a powerful factor in retaining exemplary employees working as paraprofessionals. These individuals already acclimated to the institution and its unique milieu usually return to repay their employers with many years of dedicated service. Second, as a recruitment strategy, nursing educators may target LPN/LVNs as potential students in their programs.

Advancement of LPN/LVNs to RN licensure offers interesting opportunities and challenges to both the executive and the employee. Many new nurses who took the time to write us were new RNs who were previously employed as LPN/LVNs. They voiced concerns about the loss of seniority when they became RNs. Often they were forced to work undesirable shifts, and their salaries were only nominally better than they had been as LPN/LVNs. Most often they protested the treatment they received from their new colleagues who, remembering them as paraprofessionals, questioned their capabilities as RNs. In short, executives must be aware of both the positive and negative aspects of advancement from LPN/LVN to RN.

The Many Faces of Newly Licensed Nurses

Data on the demographic characteristics of the newly licensed nurses are perhaps the most vital information needed to recruit and retain employees. Variables such as marital status, presence of dependent children, and age all have important implications relative to scheduling, activity status, and the desirability of child care as possible benefits at your institution. Understanding the potential applicant pools from which your new nurses are recruited will place you in a better position to offer the benefits and working environment that are most attractive to today's new nurses.

While associate degree graduates predominate among the contemporary cohort of new RNs, it is important to note that the trend toward associate degree education has profound implications for the future supply of nurses. Associate degree graduates are demographically different from their diploma or baccalaureate counterparts. Most significantly, associate degree alumni are more mature with an average age of almost 34. The typical diploma graduate is approximately 29, and the average baccalaureate graduate is 27.

Not surprisingly, age is related to marital status and the presence of dependent children, and indeed, the majority (over 62%) of new RNs coming from associate degree programs are married and over half have dependent children at home. The comparable figures for diploma graduates show that about equal numbers are married and single, and one-third have children at home. The baccalaureate-prepared new RN is most likely to be single (57%) and childless (80%).

The overwhelming majority of new nurses are white females. Nursing remains the archetypical women's profession with over 94% of its members being female, and there is little variation among the geographic regions. While a large majority (over 90%) of new RNs are white, great variation exists throughout the nation. The largest proportion of blacks is found in the South Atlantic and East South Central regions, and the largest groups of Hispanics, Asians, and American Indians are located in the Pacific region.

Employment Patterns Among New Nurses

Supply and Demand for New RNs

The recent nursing shortage has fostered some damaging myths about the nursing profession. Claims are made that nurses are fleeing from the bedside or quickly "burn out" and seek other careers. Empirically these claims are false for both the general supply of nurses and particularly for the cohort of new RNs. Almost a year after graduation, 98% of new RNs are employed in nursing suggesting strong commitment to the profession. Moreover, the majority of the 2% that are not employed in nursing are voluntarily unemployed because of family obligation or continuing education. It is noteworthy that after almost a year of experience, the majority (81.5%) of new RNs are still employed at their first nursing job.

Several indicators confirm that the demand for new nurses is extraordinarily high. First, a great majority (63%) of new nurses state that "many jobs" were available when they were job hunting. An additional 11% took jobs at the site of their clinical preparation and hence did not job-hunt at all. In a similar vein, over 82% of newly licensed nurses accepted positions *before graduating* from nursing school indicating that early recruitment of senior nursing students is a successful strategy. Indeed, 97% of new graduates found jobs within three months of obtaining licenses.

Employment Profile of the New RN

Despite the rapid growth in home and community health, the vast majority (92%) of new RNs are employed in acute care settings. Just under 4% are employed in long-term care, 2% are working in community/public health, and the remainder hold positions in ambulatory settings such as schools and physician's offices.

Regardless of employment setting, the great majority (85%) of new RNs are working full-time. Even among those working as school nurses or in physicians offices, over three-fourth are considered full-timers. In view of the fact that many have dependent children living at home, these data are impressive reminders of their commitment to nursing.

What attracts a new RN to a particular position? A significant proportion (30%) state the "ability to practice in my chosen specialty" as the number one reason for choosing their current job, and 29% took their present job because of "prior experience in the institution." These data document that new RNs are career-minded and committed to the nursing profession. New RNs seek employment that offers them the practice *they* want, and often they build upon prior experiences to achieve higher status. In short, these newly licensed nurses are not taking the first job they encounter; they are educated, ambitious individuals seeking positions that permit growth and professional satisfaction.

Despite conventional wisdom that nurses are primarily motivated by money, only 11% claim that "salary" was the primary reason for choosing their current position. In fact, "salary" ranked very low on the scale behind "reputation of the institution" and "location".

Starting salaries for nurses vary considerably by region. While the national average for full-timers stood at $25,089 at the completion of the study, the highest average salaries were reported in Connecticut ($32,032), Alaska ($30,102) and New Jersey ($29,277). The lowest mean full-time salaries were reported in North Dakota ($20,282), South Dakota ($20,447), and Iowa ($20,903).

Factors Associated with Job Satisfaction

An astounding 80% of newly licensed nurses claim satisfaction with their current jobs, and almost 50% of them attribute their satisfaction to "working in desired specialty." An additional 25% cite "salary/benefits" as the primary source of their satisfaction.

It is noteworthy that job satisfaction is high among all demographic groups. Some variation, however, does exist. For example, among the different racial-ethnic backgrounds, 80% of the American Indians and Hispanics expressed satisfaction with their current employment, while only 69% of the blacks reported satisfaction. Another interesting finding indicates that rates of satisfaction decrease *slightly* with age. In other words, the younger newly licensed nurses, below age 24, express somewhat greater satisfaction than their older counterparts. Job satisfaction is virtually equal regardless of marital status and presence of children.

A significant plurality (44%) of those dissatisfied with their current position state "poor working conditions" (which include forced overtime, mandatory rotation, etc.) as the primary source of their discontent. "Inadequate salary" ranked second among the reasons for dissatisfaction (31%) and "unsatisfying staff relations" is a very close third (29%).

Indeed, there is some relationship between salary and satisfaction. Those reporting "salary" as their primary source of satisfaction are on average earning more than the other satisfied nurses: $26,513 compared with $25,352. In addition, those stating "inadequate salary" as their primary source of dissatisfaction report lower earnings than other discontented newly licensed nurses: $22,716 compared with $24,305. In short, while salary *per se* is not necessarily the most frequently cited source of satisfaction, it is a good predictor of job satisfaction.

Adequacy of Orientation

Perceived adequacy of orientation engendered some important results, and many respondents chose to remark on their experiences. In general, almost half of the newly licensed nurses evaluated their orientation as excellent or very good. An additional 27% assessed their orientation as good, 15% fair, and 6% poor. Approximately 3% claimed they received *no orientation* at all.

A rigorous content analysis was performed to categorize and analyze the qualitative, i.e., descriptive, data provided by respondents. Assessments of orientation fell into several global categories including: (a) the amount of time devoted to orientation, (b) the staff assigned to orientation, (c) the performance of the preceptor, (d) the amount and quality of the clinical and classroom training, and (e) organization of the orientation program.

Positive evaluations (e.g., "excellent/very good") were most strongly related to the sufficient amount of time devoted to orientation with over 55% of the respondents stating this. Over one-third of the respondents claimed that the performance or abilities of their preceptor contributed to their successful orientation. Smaller groups of new RNs considered their orientation excellent or very good because of "good courses/classroom training" (16.5%) and "good co-workers" (18.5%).

As one might expect, those newly licensed nurses who evaluated their orientation neutrally or negatively ("good/fair/poor") were most likely to assert that the amount of time devoted to orientation was insufficient

(36.5%). "No preceptor/poor preceptor" and "did not learn what I needed" tie for second place among the chief reasons for negative evaluations of orientation.

Closer analysis reveals that the majority of those who received no orientation at all were previously employed as LPN/LVNs. It was this group that was most vocal about their feelings. These new RNs objected to the attitude their administrators seemed to have about them, i.e., an LPN/LVN is already a nurse who needs no special orientation to the RN role.

The growing group of LPN/LVNs advancing to RN licensure presents an instructive illustration of how important it is to clearly distinguish the functions of professional, registered nurses vis- a-vis the technical practical nurse. It is neither desirable nor appropriate to consider the RN as interchangeable with the LPN/LVN. As described above, it is this attitude that "a nurse is a nurse is a nurse" that has contributed to the recent nursing shortage. RNs should not be performing those tasks associated with LPN/LVN licensure and vice versa. It is illegal and the staff resents it.

Adequacy of Nursing Education

A good measure of the success of an individual nursing educational program is how well graduates feel they were prepared for their current employment. A large majority (approximately 90%) of newly licensed nurses from all types of nursing educational programs responded that their classroom experiences prepared them adequately for their current position. While the overall majority responded positively in regard to adequacy of clinical preparation, some variation among the graduates of the different types of educational programs does exist. Over 90% of diploma graduates responded that their clinical preparation was adequate, while smaller groups of associate degree (73%) and baccalaureate (69%) graduates responded affirmatively.

These findings, while disturbing, are not unique. In previous studies of newly licensed nurses, baccalaureate graduates have consistently reported lower rates of satisfaction with their clinical experiences than the graduates of other programs. In an effort to explain this trend, the NLN Division of Research conducted a special study of clinical preparation at the nation's nursing schools in 1989. According to the findings:

> "...the issue of professional expectations and the influence of educational philosophies are certainly playing a role in these responses. For if BSN students are educated to perceive themselves as autonomous health care workers in community or public health care, those individuals may feel constrained by the bureaucratic, hierarchical structure of a hospital. And, though new BSNs often choose hospital employment, the dissonance they experience may be so powerful as to affect their perceptions of the adequacy of their education." (Rosenfeld and Kaufman, 1990)

Summary and Conclusion

The findings of the survey of newly licensed nurses offer a wealth of information on the demographic characteristics, educational backgrounds and employment experiences of the nation's newest RNs. There is little doubt that these men and women have entered nursing at an extremely turbulent period when shortages, cost containment efforts, and dislocation within the health care delivery system are rampant. Add to this the "graying of America," the AIDS epidemic and the plethora of health care problems associated with poverty and homelessness, and one recognizes that new nurses must possess a strong commitment to equitable health care and the public good.

As enrollments to nursing schools improve and fear of continued shortages subside, it is time to evaluate some of the strategies recently adopted to recruit and retain nurses to educational programs and to the practice settings. The astronomical growth in associate degree graduates presents both promise and dilemmas for nursing administrators. Clearly, the more mature, married associate degree student is as dedicated to full-time employment as are her diploma and baccalaureate counterparts. Age, however, does affect length of time in the workforce—the older the new graduate the fewer available years in the labor force. It is too soon to tell if this will have a significant impact on future supply.

It is vital that executives appreciate the consequences associated with the influx of LPN/LVNs into RN posi-

tions. No doubt LPN/LVNs are appropriate and desirable candidates for RN licensure. However, the transition from one to the other must not be taken for granted. In areas such as job satisfaction and attitudes toward job orientation, for example, those previously employed as LPN/LVNs expressed displeasure with the treatment they have received.

Clearly, the new crop of RNs are career minded, ambitious individuals committed to patient care and the profession of nursing. They choose positions that offer the ability to work in the specialty *they* desire not just what the institutions demand. They work full-time even if they have small children at home. They are often individuals who have had previous experience in health care and are now building their careers as professional nurses. They are nurses who are serious about health care—it's high time that the health care system recognize and reward them.•

Peri Rosenfeld, PhD
Vice President
Division of Research

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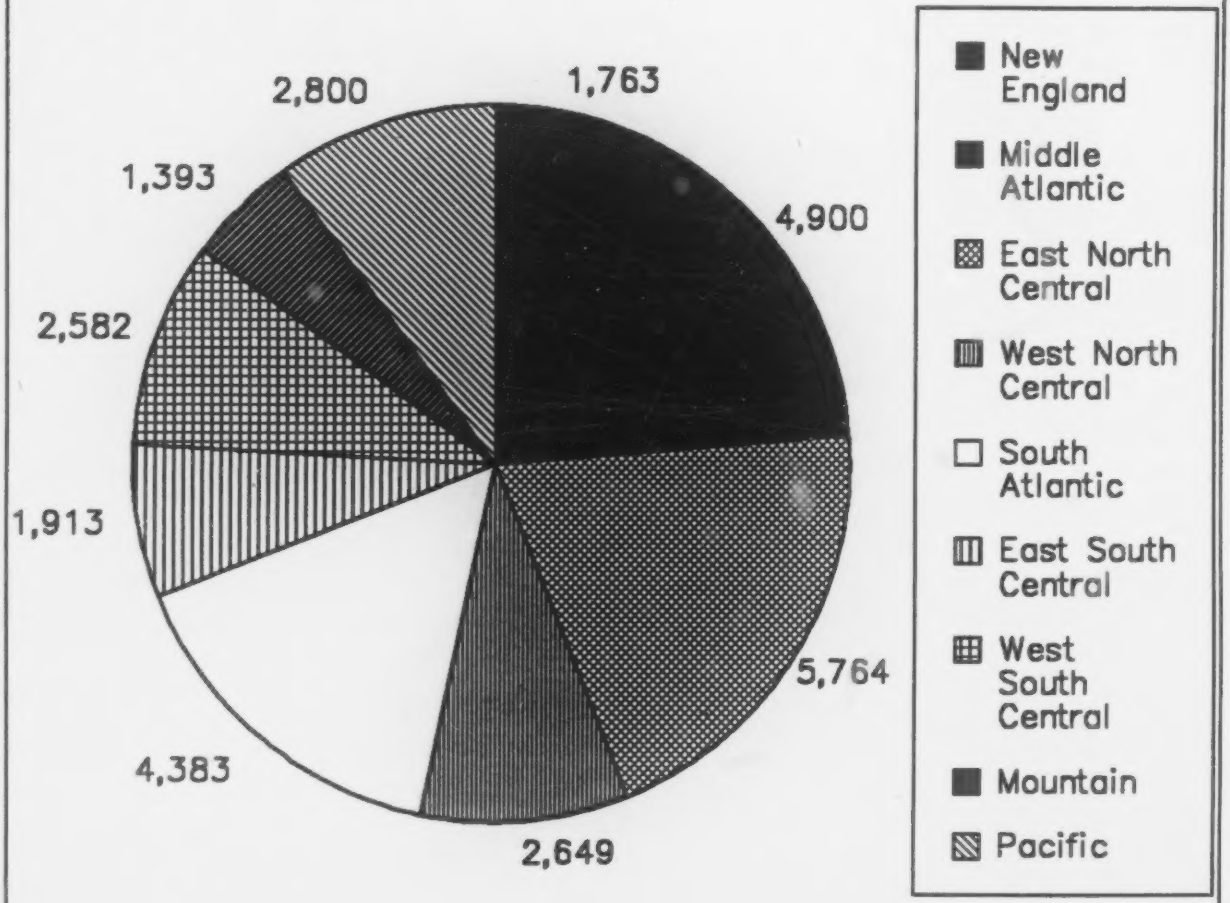
Section 2
Graphs

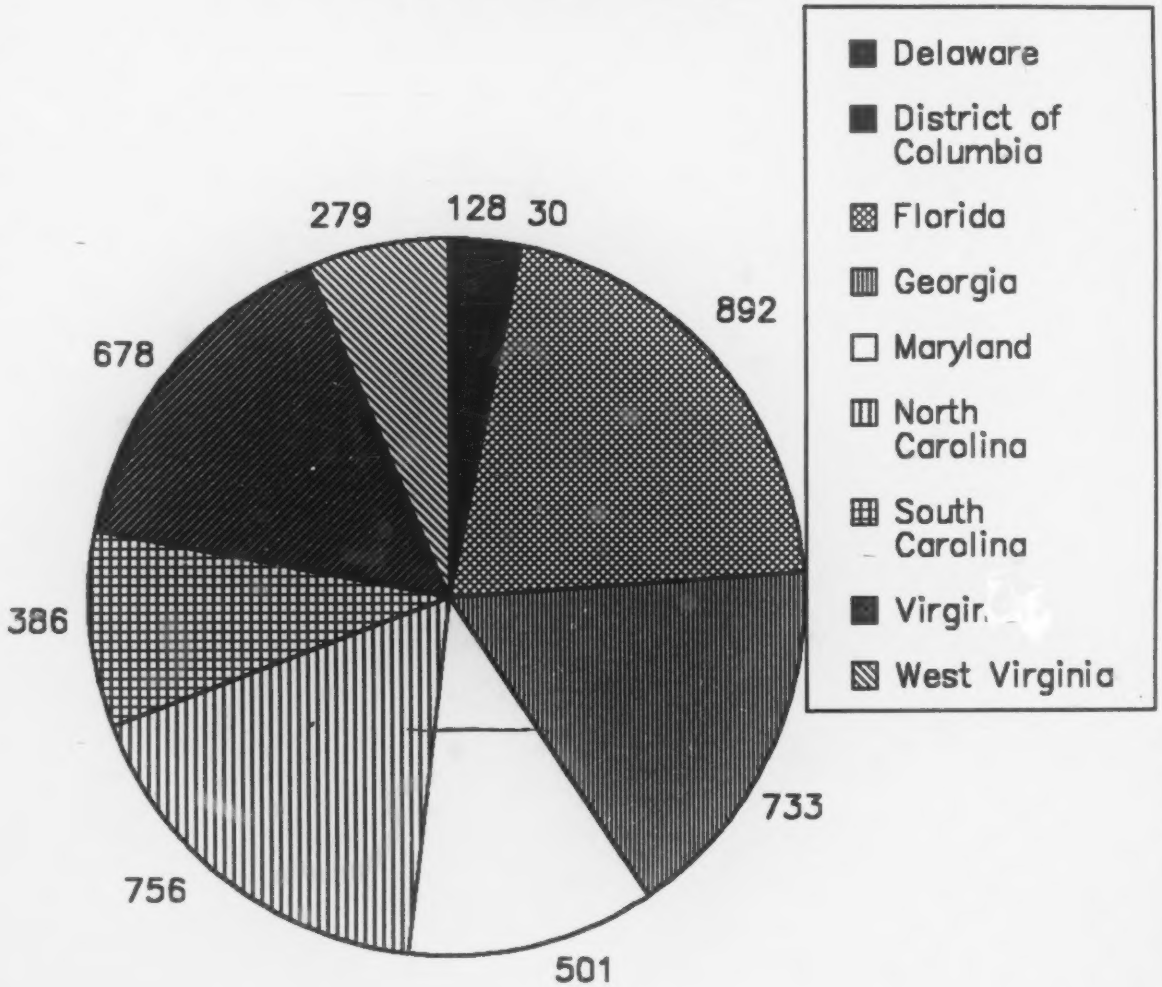
TOTAL NUMBER OF NEWLY LICENSED NURSES

The greatest number of newly licensed nurses reside in the East North Central states (5,764) followed by the Middle Atlantic (4,900). The smallest percentage currently live in the Mountain region (1,393).



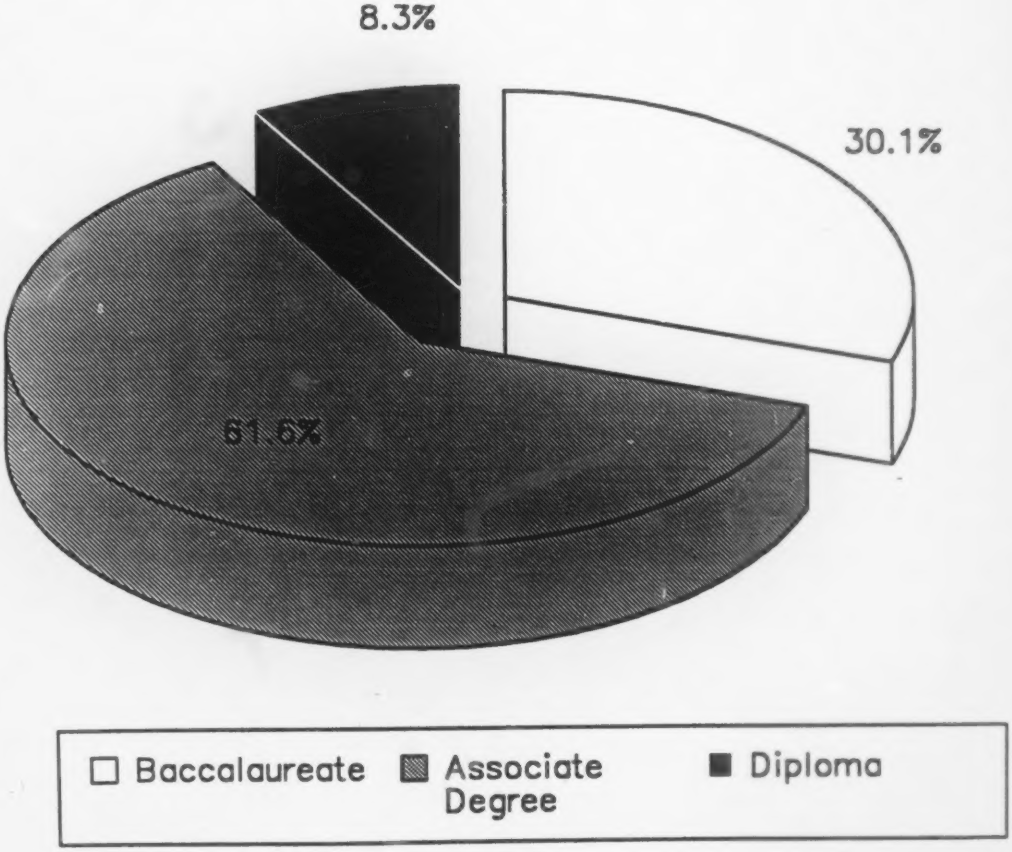
TOTAL NUMBER OF NEWLY LICENSED NURSES
South Atlantic Region

Florida has the largest number of new nurses in the South Atlantic region followed by North Carolina and Georgia.



NEWLY LICENSED NURSES BY TYPE OF NURSING EDUCATION, 1990

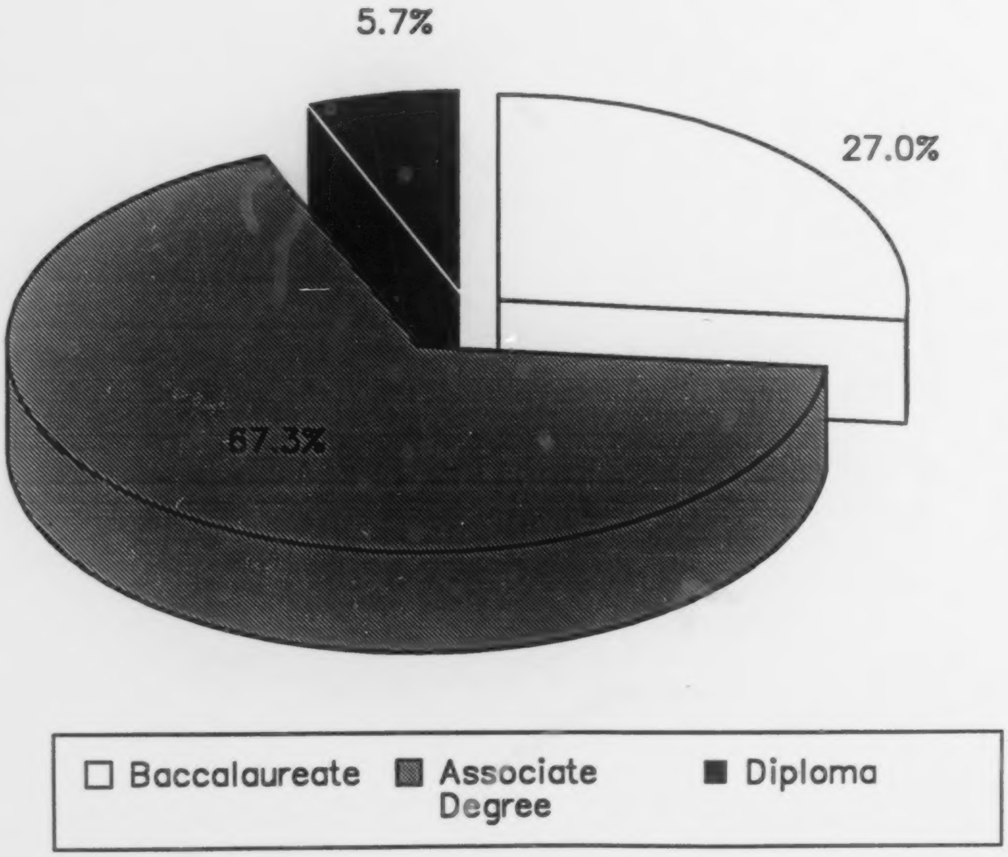
Over 60% of all new nurses have graduated from associate degree programs. Almost a third graduated with a baccalaureate, and just over 8% have diploma degrees.



NEWLY LICENSED NURSES BY TYPE OF NURSING EDUCATION, 1990

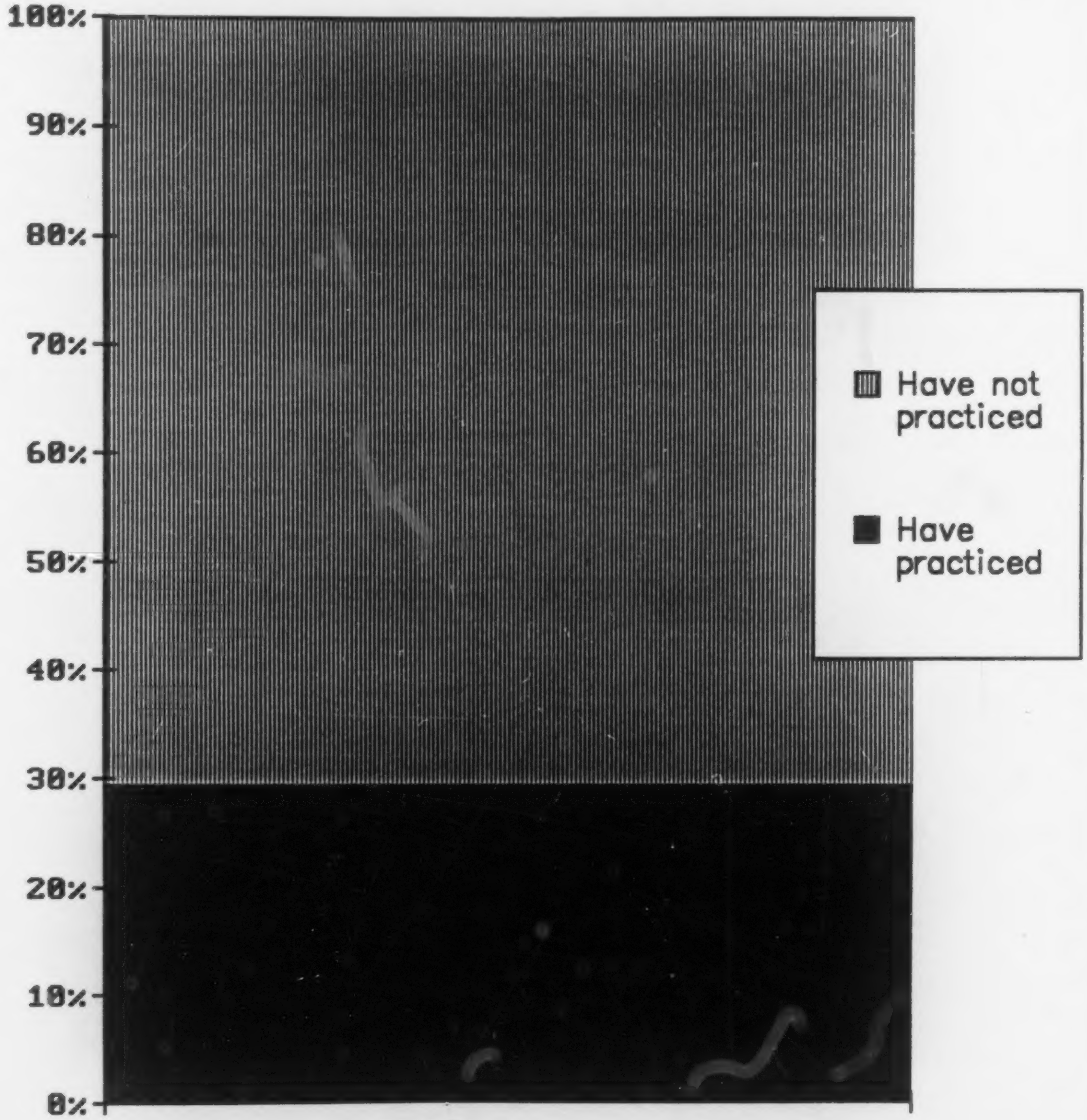
South Atlantic Region

Over two–thirds of all new nurses have graduated from associate degree programs. Over a quarter graduated with a baccalaureate, and 5.7% have diploma degrees.



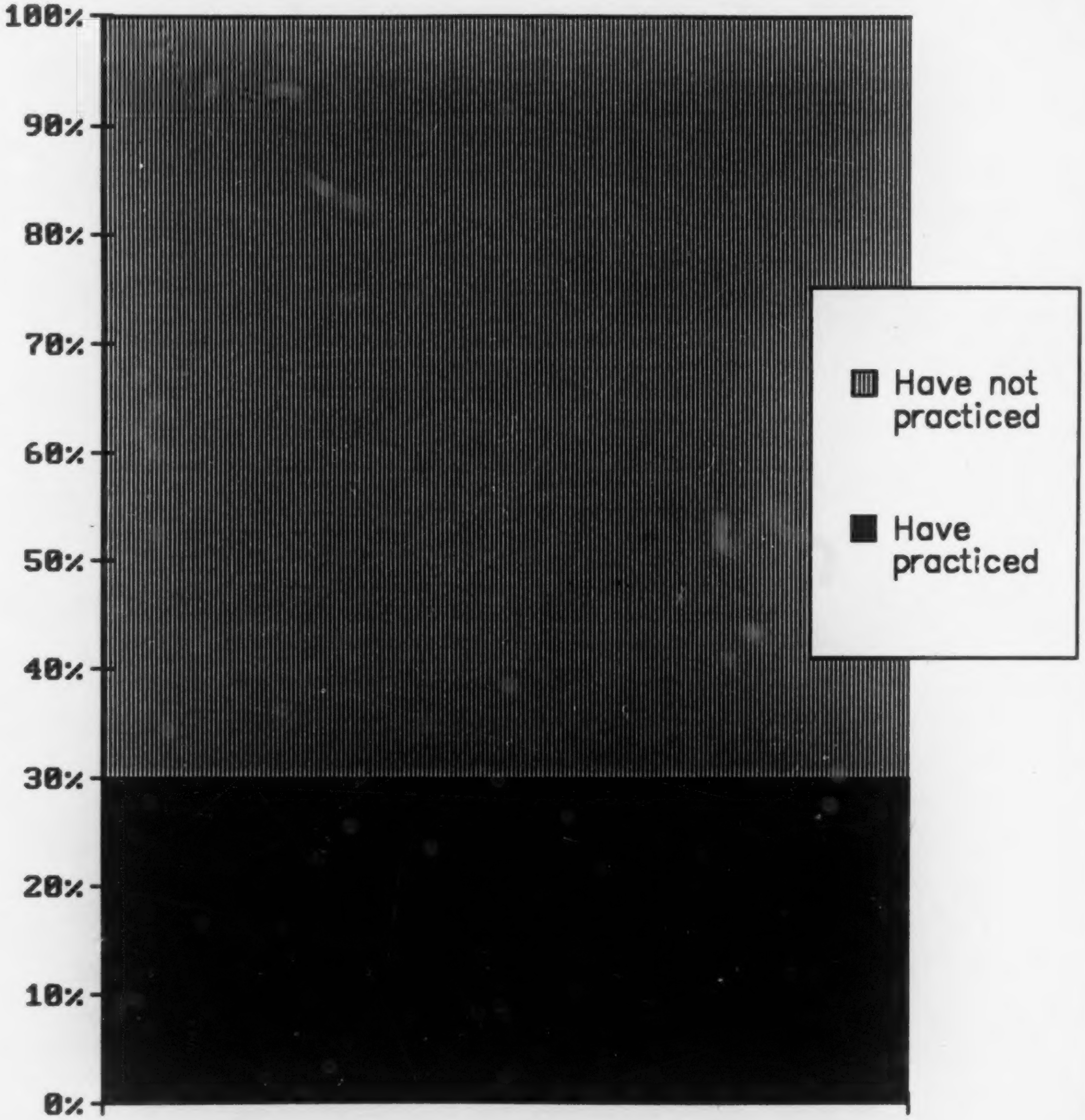
PRIOR LPN/LVN PRACTICE AMONG NEWLY LICENSED NURSES

Almost one-third of all newly licensed nurses have practiced as LPNs/LVNs.



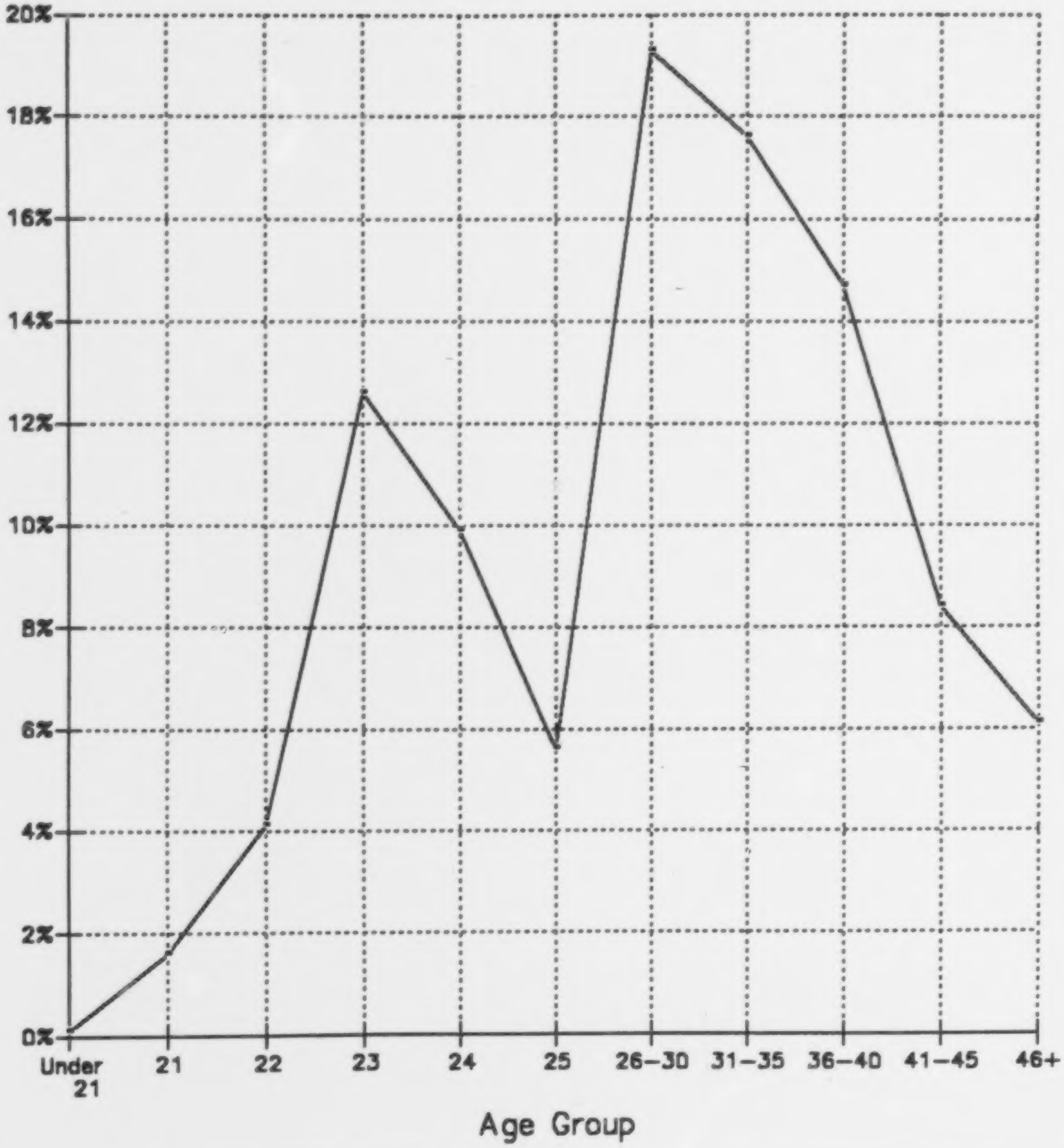
PRIOR LPN/LVN PRACTICE AMONG NEWLY LICENSED NURSES
South Atlantic Region

Of new nurses in the South Atlantic region, 30% have practiced as LPNs/LVNs.



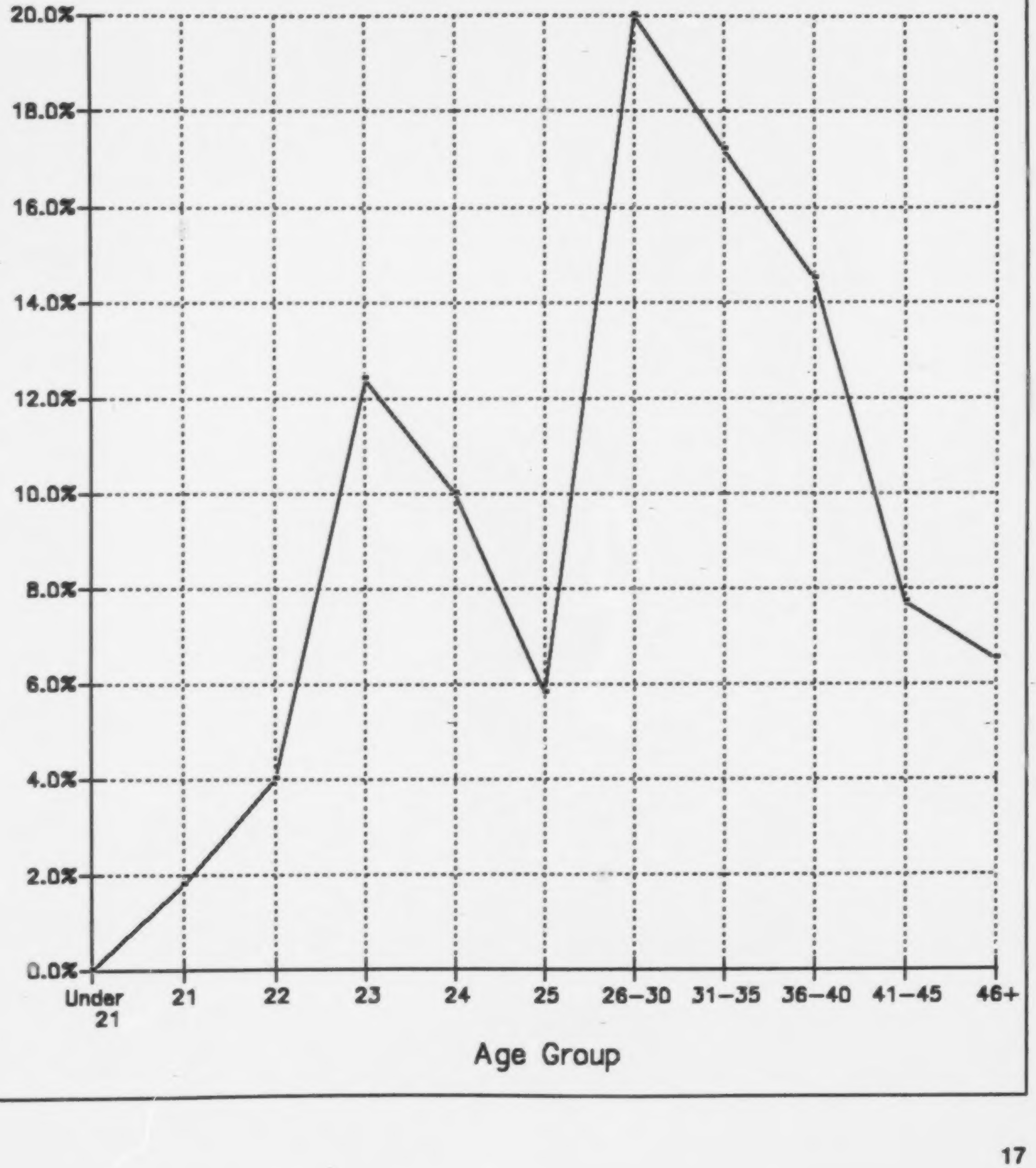
AGE DISTRIBUTION OF NEWLY LICENSED NURSES, 1990

The average age of new RNs is bimodal. The largest group of RNs consists of those 26 to 30 years old. Another peak exists at the 23–year–old mark.



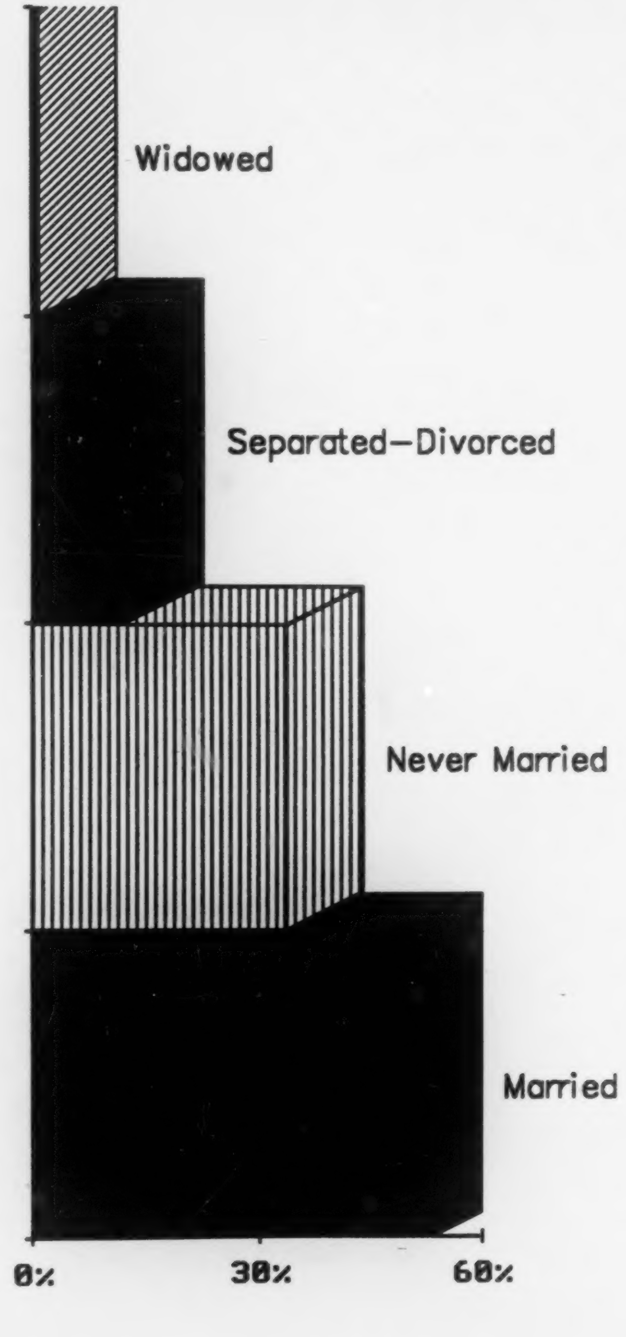
AGE DISTRIBUTION OF NEWLY LICENSED NURSES, 1990
South Atlantic Region

A plurality of newly licensed nurses in the South Atlantic region are ages 26 to 30.



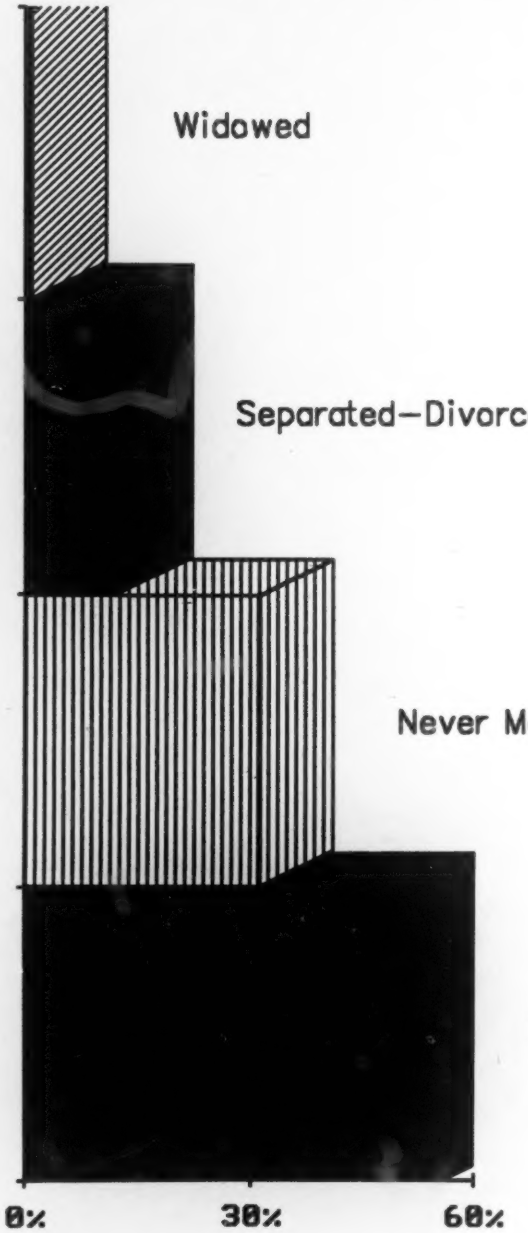
MARITAL STATUS OF NEWLY LICENSED NURSES, 1990

A majority of newly licensed nurses are married.



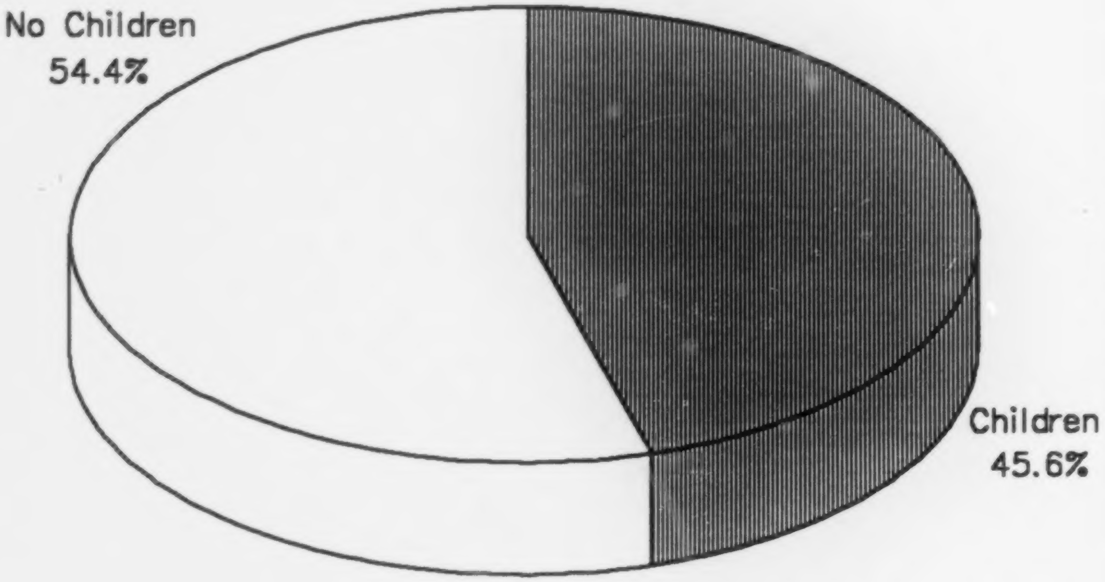
MARITAL STATUS OF NEWLY LICENSED NURSES, 1990
South Atlantic Region

A high proportion of new nurses in the South Atlantic region are married.



PERCENTAGE OF NEWLY LICENSED NURSES WITH AND WITHOUT CHILDREN, 1990

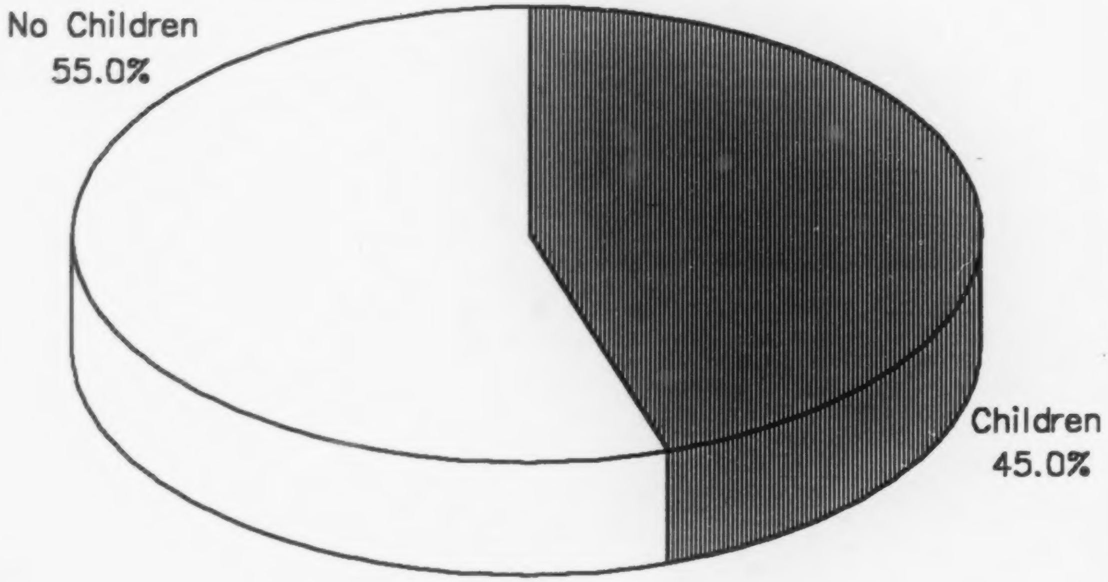
The percentage of newly licensed nurses who have children is almost equal to the percentage who have no children at home.



PERCENTAGE OF NEWLY LICENSED NURSES WITH AND WITHOUT CHILDREN, 1990

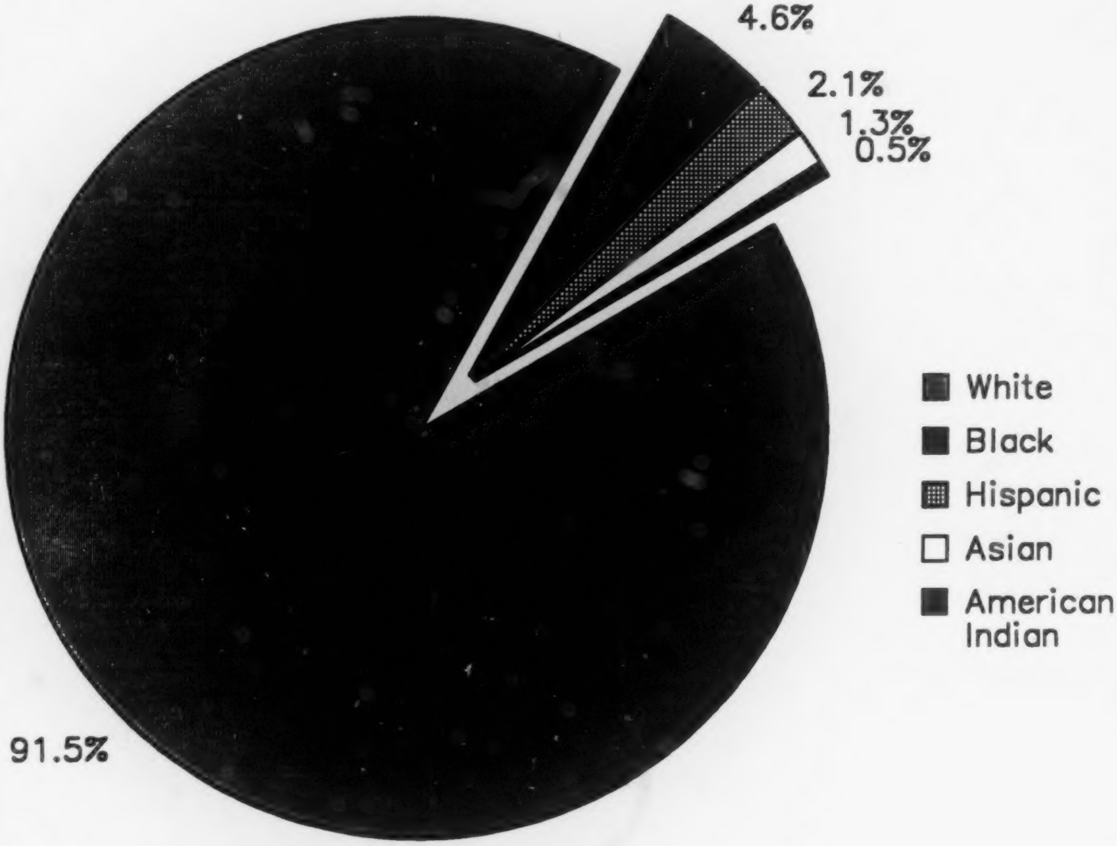
South Atlantic Region

New nurses in the South Atlantic region are split almost evenly between those with and without children.



RACIAL/ETHNIC BACKGROUND OF NEWLY LICENSED NURSES, 1990

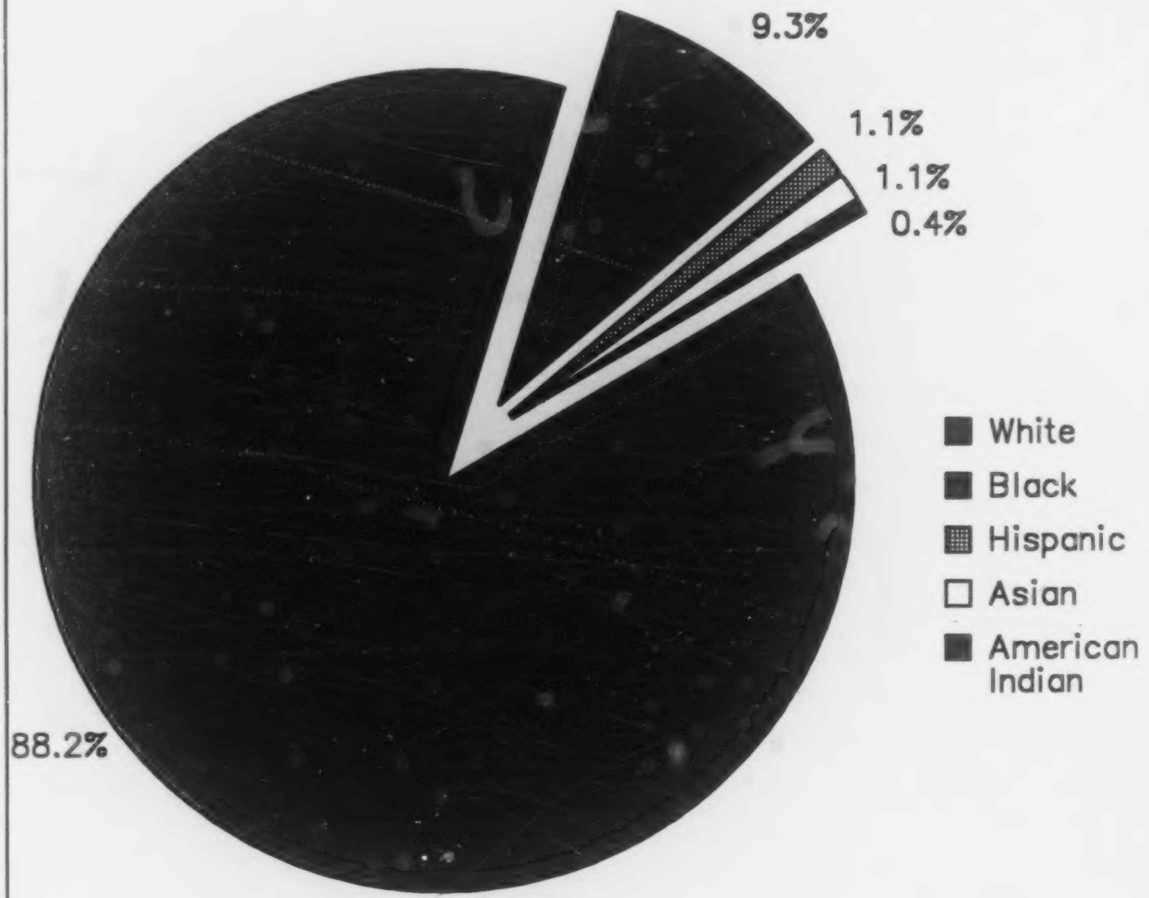
The overwhelming majority of newly licensed nurses are white. Less than 9% are non—white.



RACIAL/ETHNIC BACKGROUND OF NEWLY LICENSED NURSES, 1990

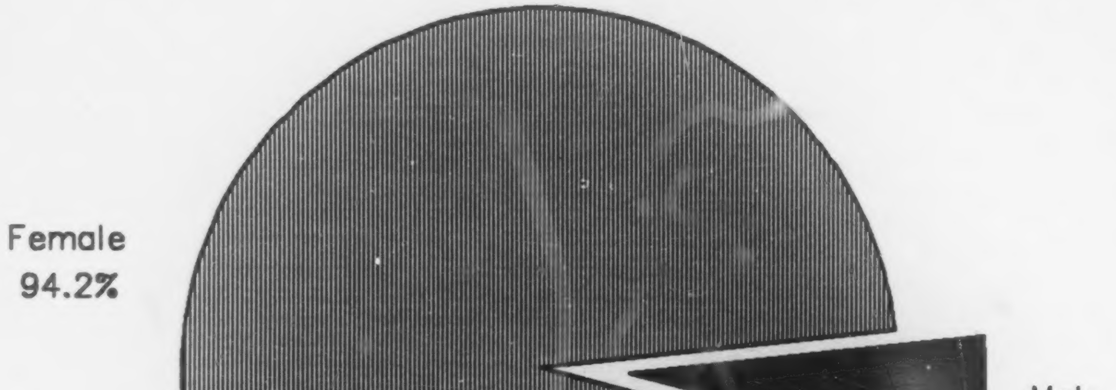
South Atlantic Region

The overwhelming majority of newly licensed nurses are white. The largest proportion of Black nurses reside in the South Atlantic region.



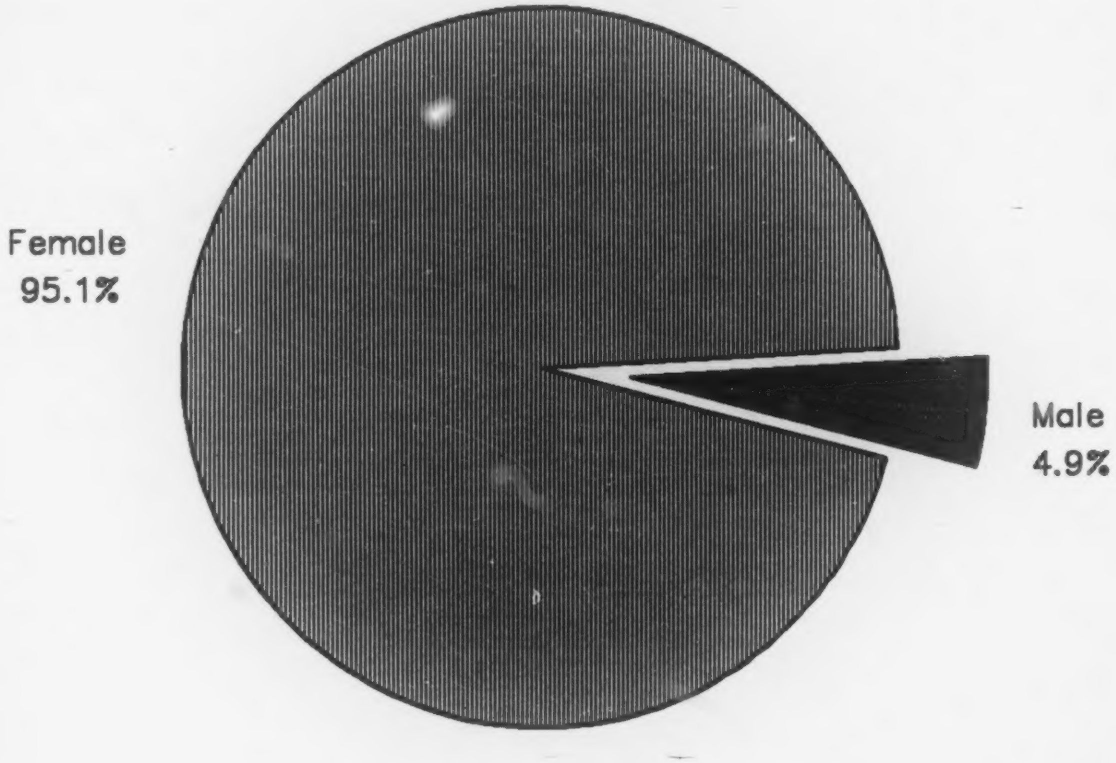
GENDER OF NEWLY LICENSED NURSES, 1990

An overwhelming majority of newly licensed nurses are female.



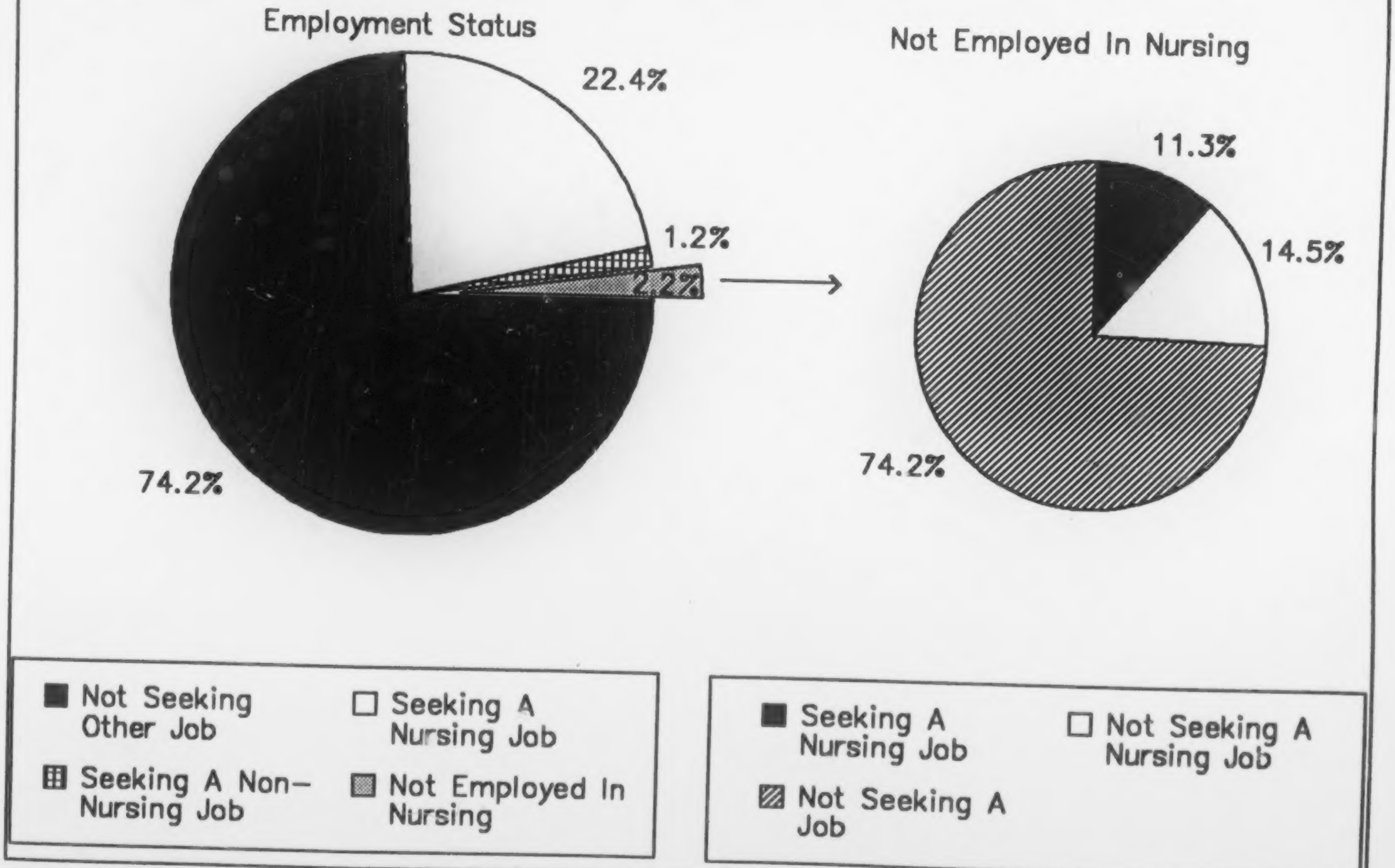
GENDER OF NEWLY LICENSED NURSES, 1990
South Atlantic Region

An overwhelming majority of newly licensed nurses are female.



Employment Status of Newly Licensed Nurses, 1990

Over two–thirds of new nurses currently employed in nursing are not seeking another job. Of those unemployed, 74% are voluntarily unemployed.



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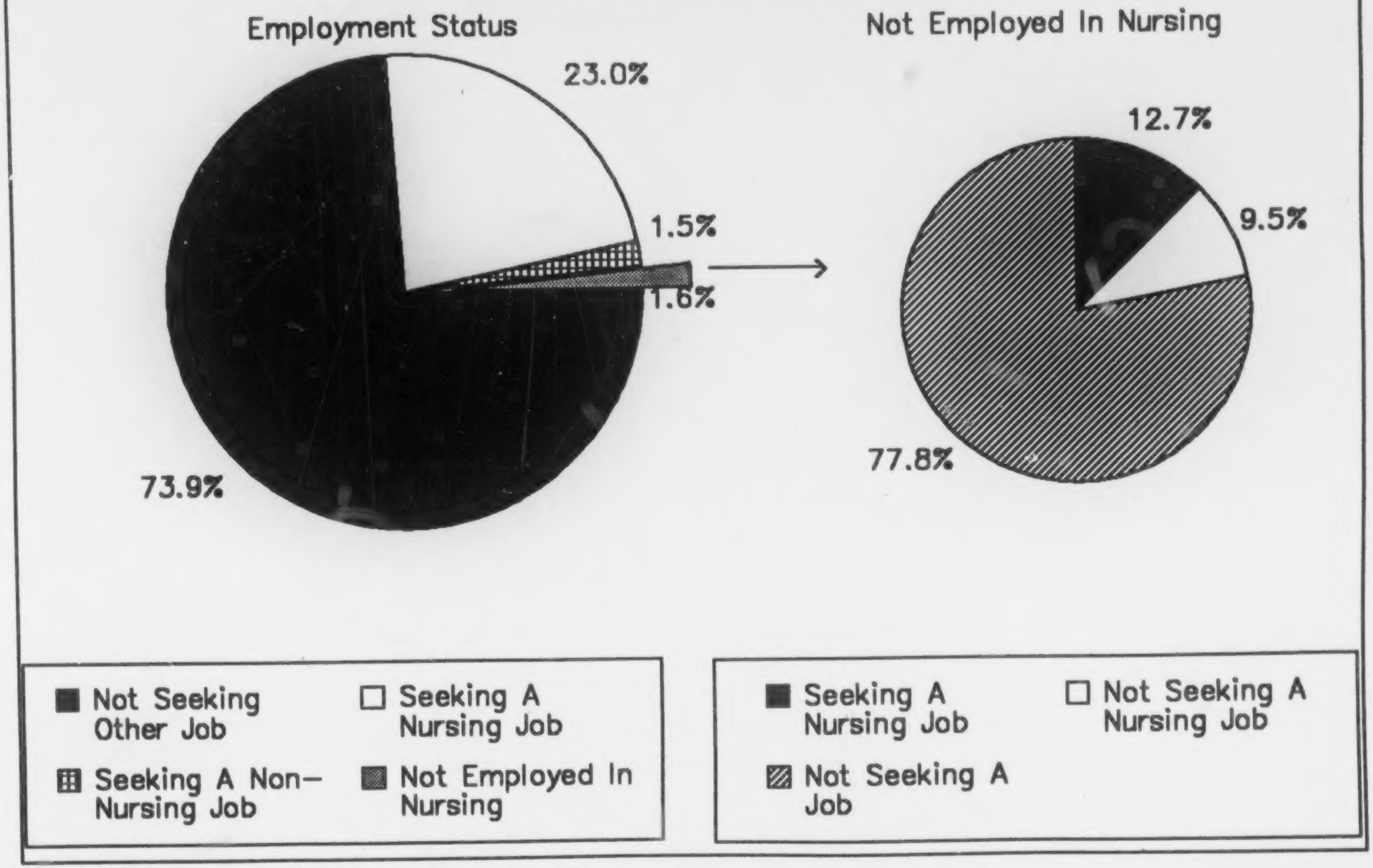
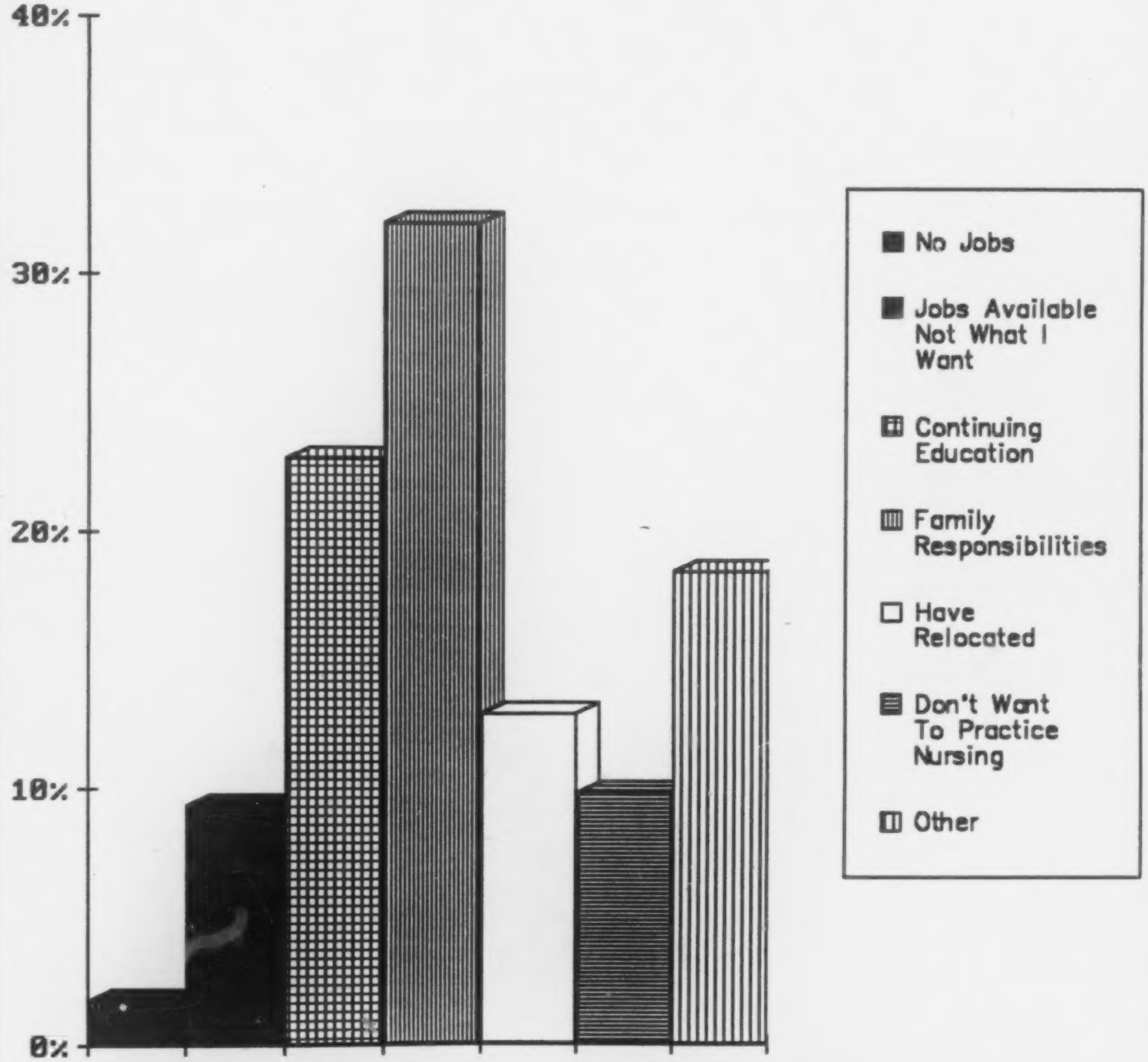


MAIN REASON WHY NEWLY LICENSED NURSES ARE NOT EMPLOYED IN NURSING

Respondents most often cited "family responsibilities" as their main reason for not currently holding a nursing position.

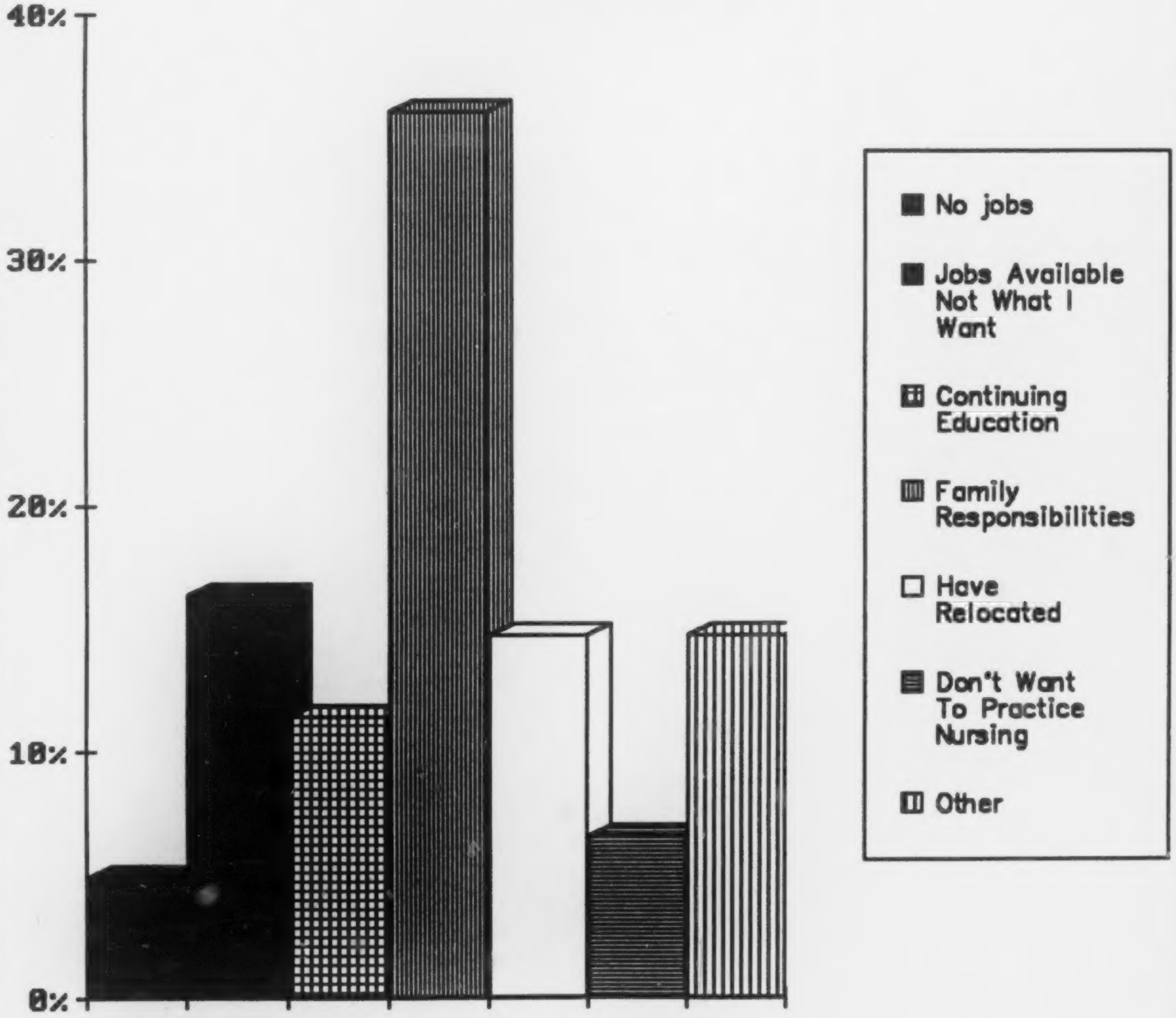


Note: Only 2 percent of all newly licensed nurses are not employed in nursing. Multiple responses allowed.

MAIN REASON WHY NEWLY LICENSED NURSES ARE NOT EMPLOYED IN NURSING

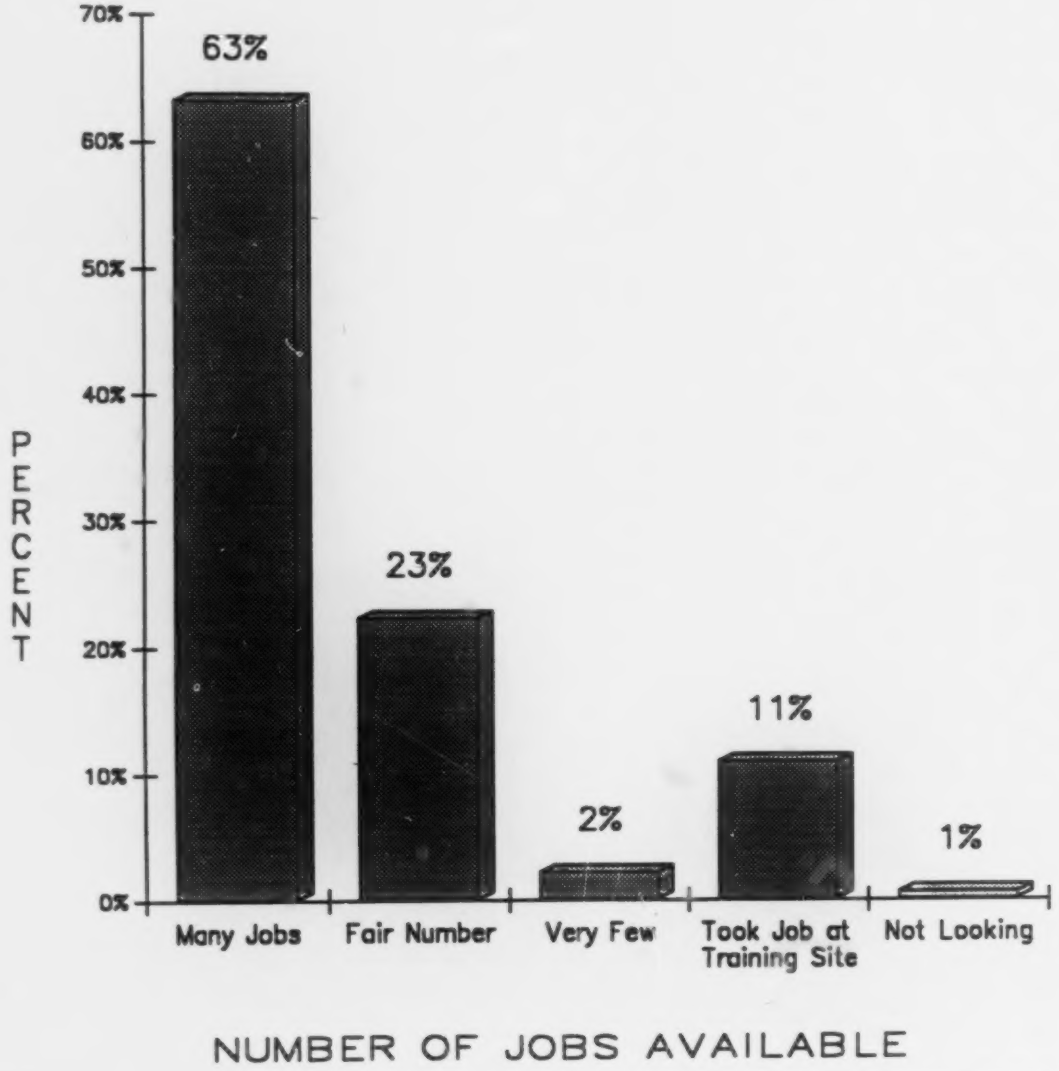
South Atlantic Region

Respondents most often cited "family responsibilities" as their main reason for not currently holding a nursing position. "Jobs available, but not what I wanted" was the second most popular reason.



PERCEPTIONS OF JOB AVAILABILITY OF NEWLY LICENSED NURSES, 1990

Almost two-thirds stated that "many jobs" were available when they were job-hunting indicating that demand for new RNs is strong.



PERCEPTIONS OF JOB AVAILABILITY OF NEWLY LICENSED NURSES, 1990
South Atlantic Region

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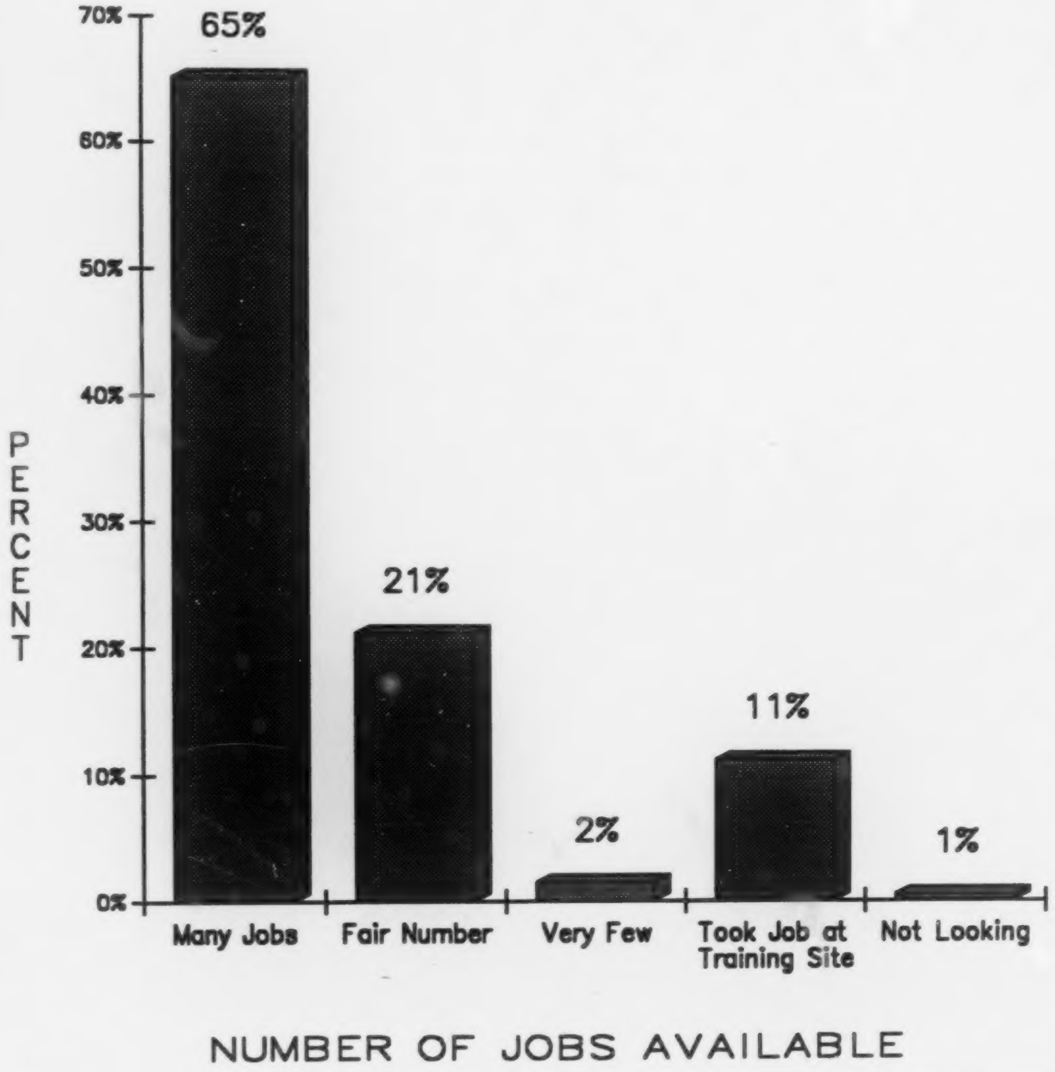
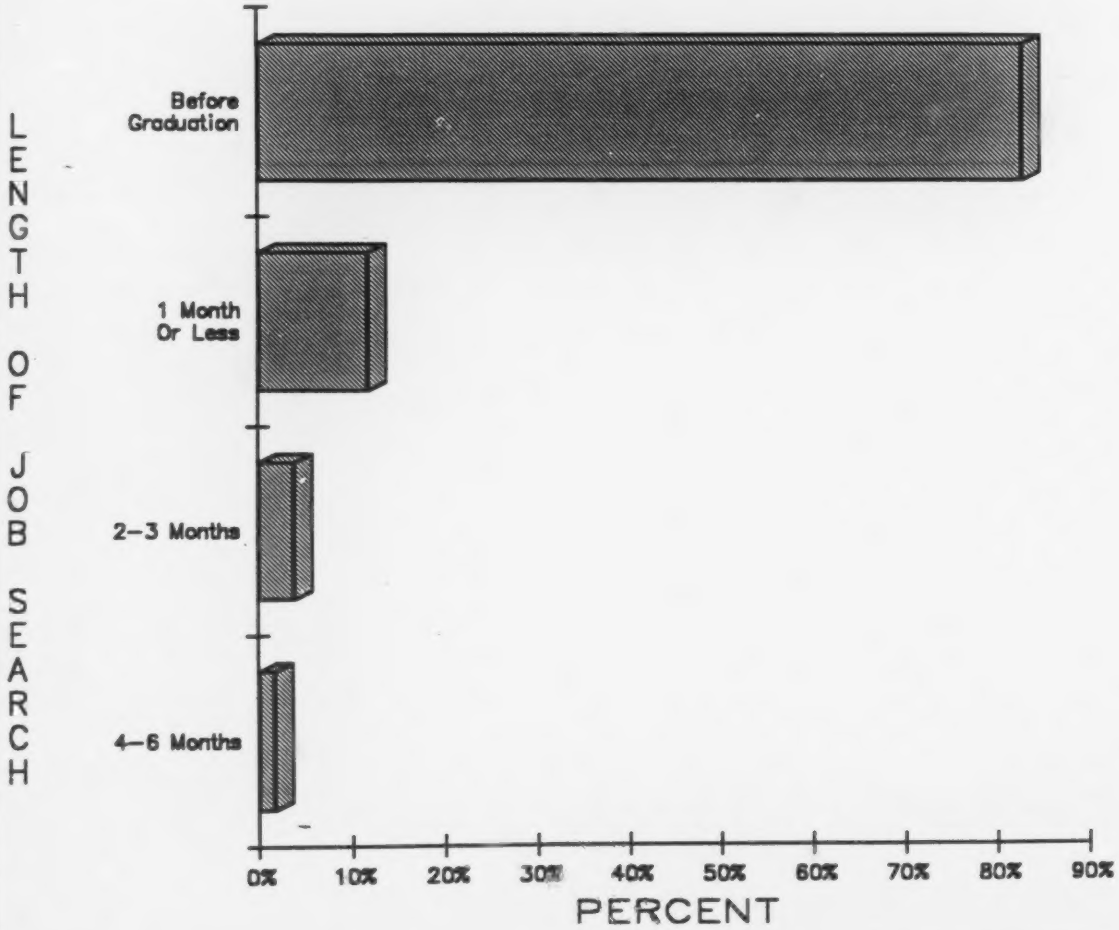


LENGTH OF JOB SEARCH OF NEWLY LICENSED NURSES, 1990

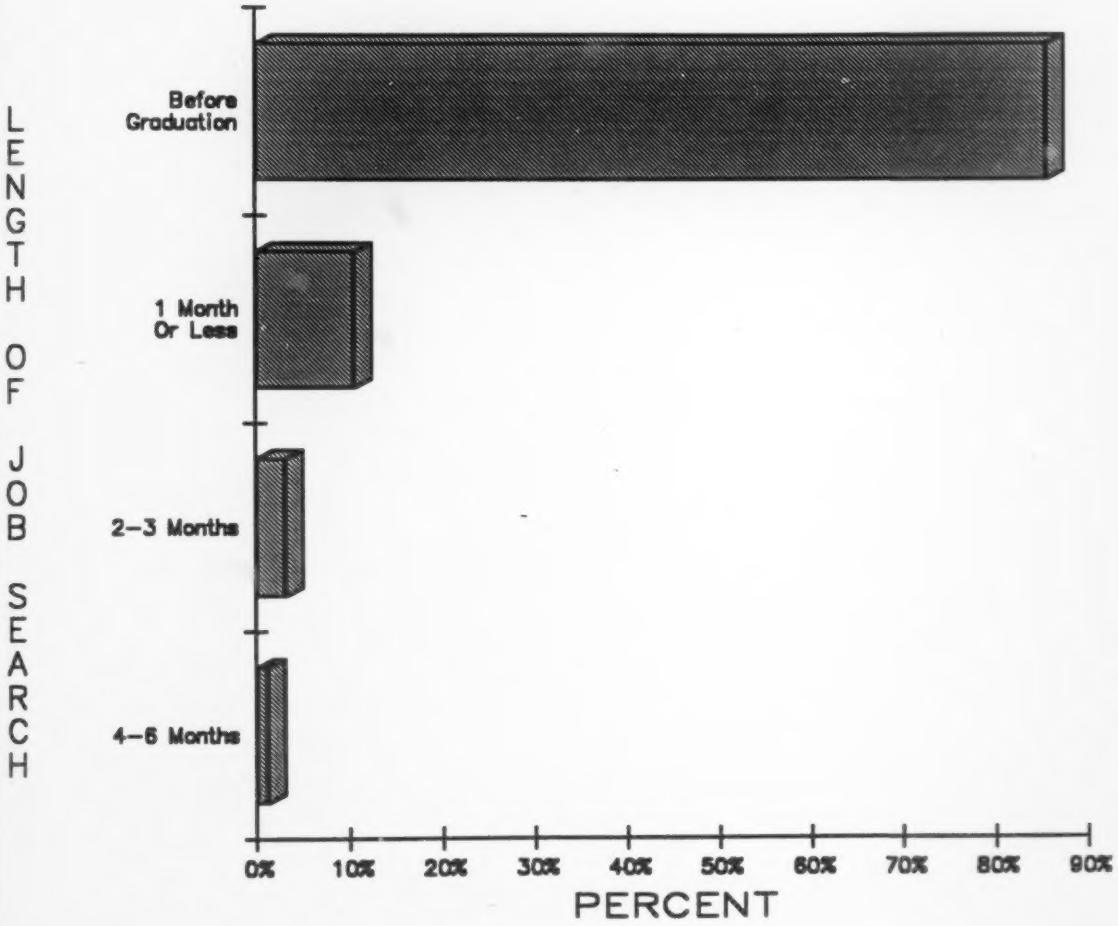
Demand for new RNs is high. Over 90% found jobs either before or within one month of graduation.

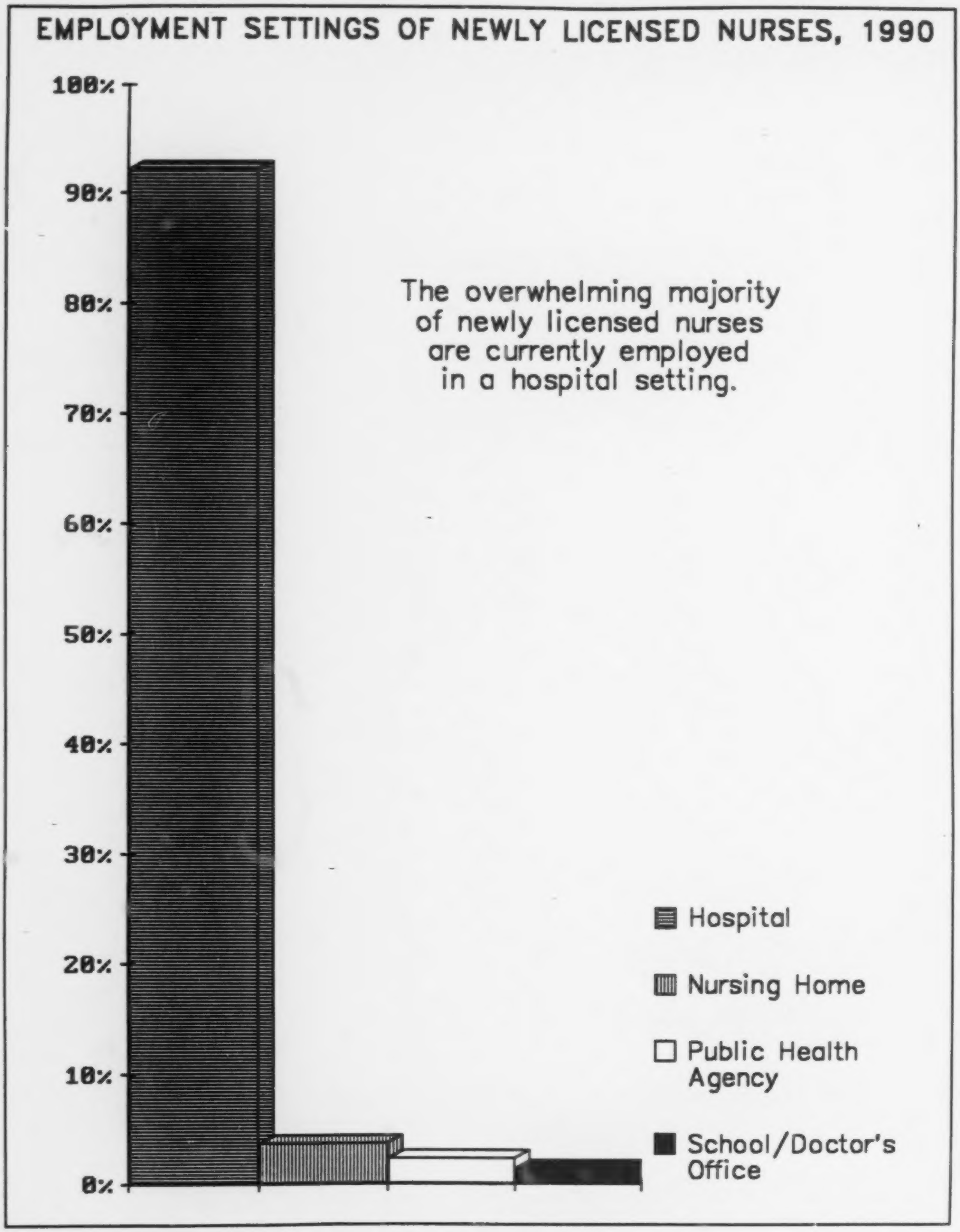


LENGTH OF JOB SEARCH OF NEWLY LICENSED NURSES, 1990

South Atlantic Region

Demand for new RNs is high. Over 85% found jobs before graduation.

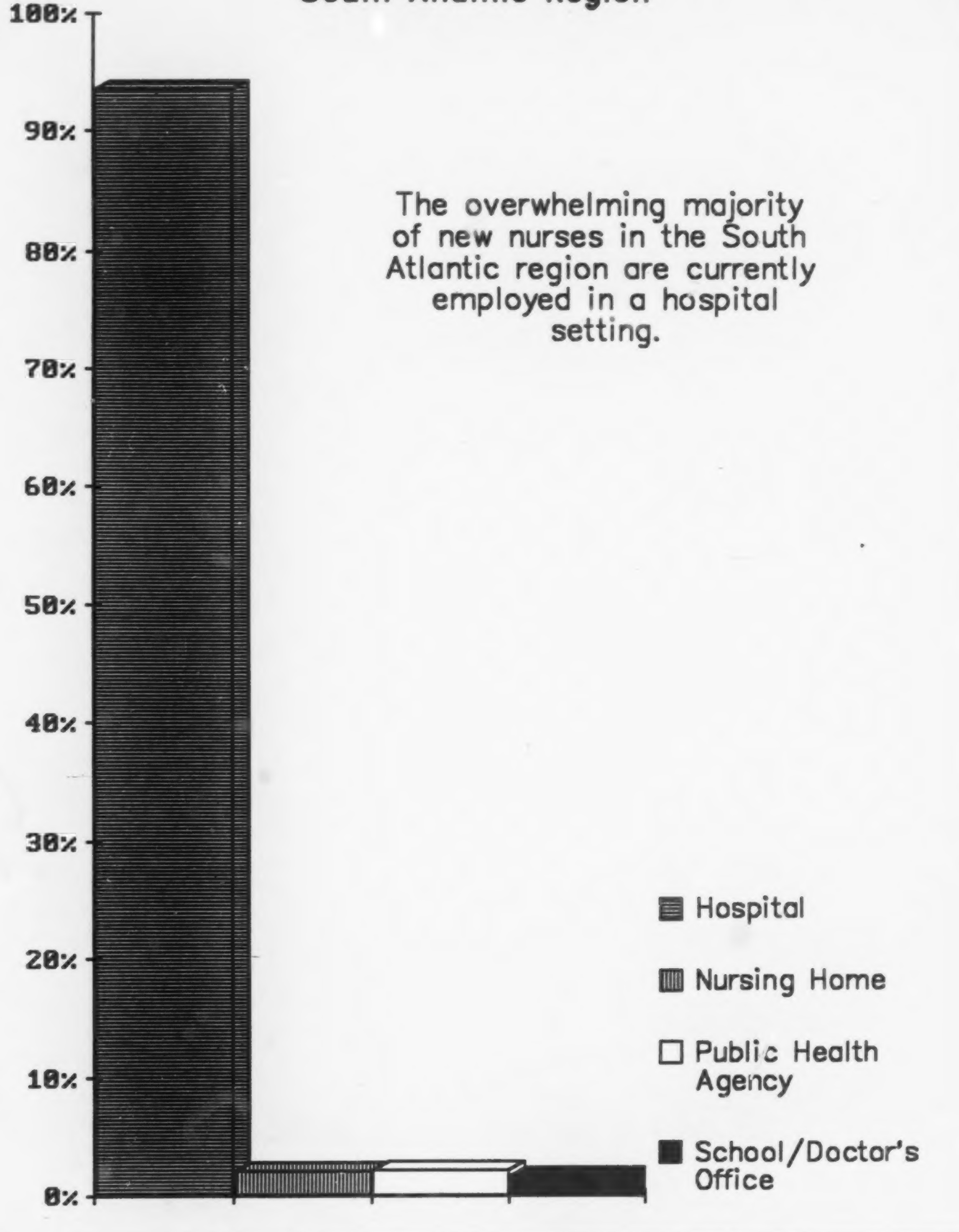




EMPLOYMENT SETTINGS OF NEWLY LICENSED NURSES, 1990

The overwhelming majority of newly licensed nurses are currently employed in a hospital setting.

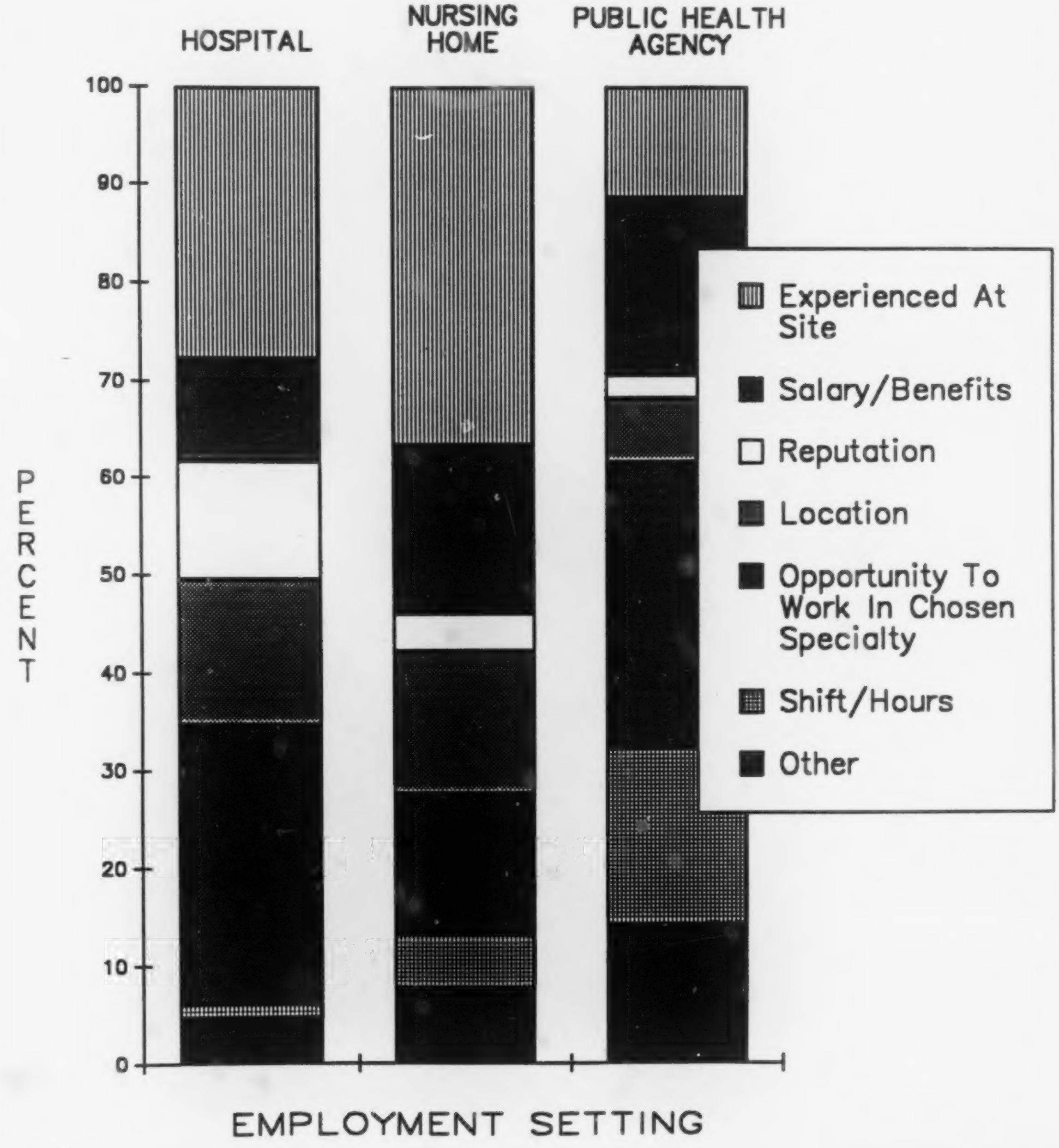
EMPLOYMENT SETTINGS OF NEWLY LICENSED NURSES, 1990
South Atlantic Region



The overwhelming majority of new nurses in the South Atlantic region are currently employed in a hospital setting.

REASONS FOR CHOOSING CURRENT POSITION BY EMPLOYMENT SETTING, 1990

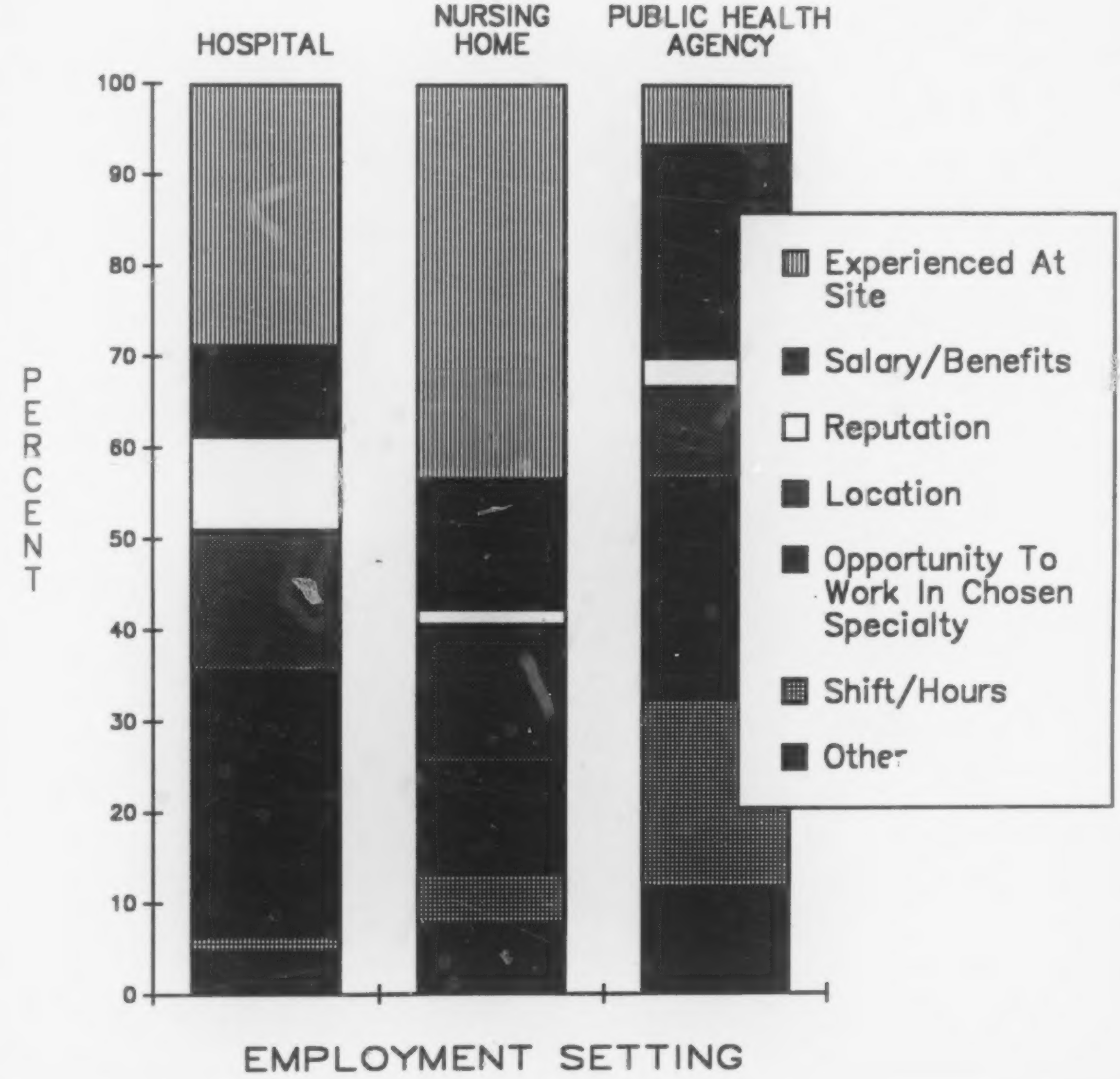
A plurality of new RNs in hospitals and public health agencies chose their position to work in their chosen specialty. Those working in nursing homes chose their position because of prior experience at the site.



REASONS FOR CHOOSING CURRENT POSITION BY EMPLOYMENT SETTING, 1990

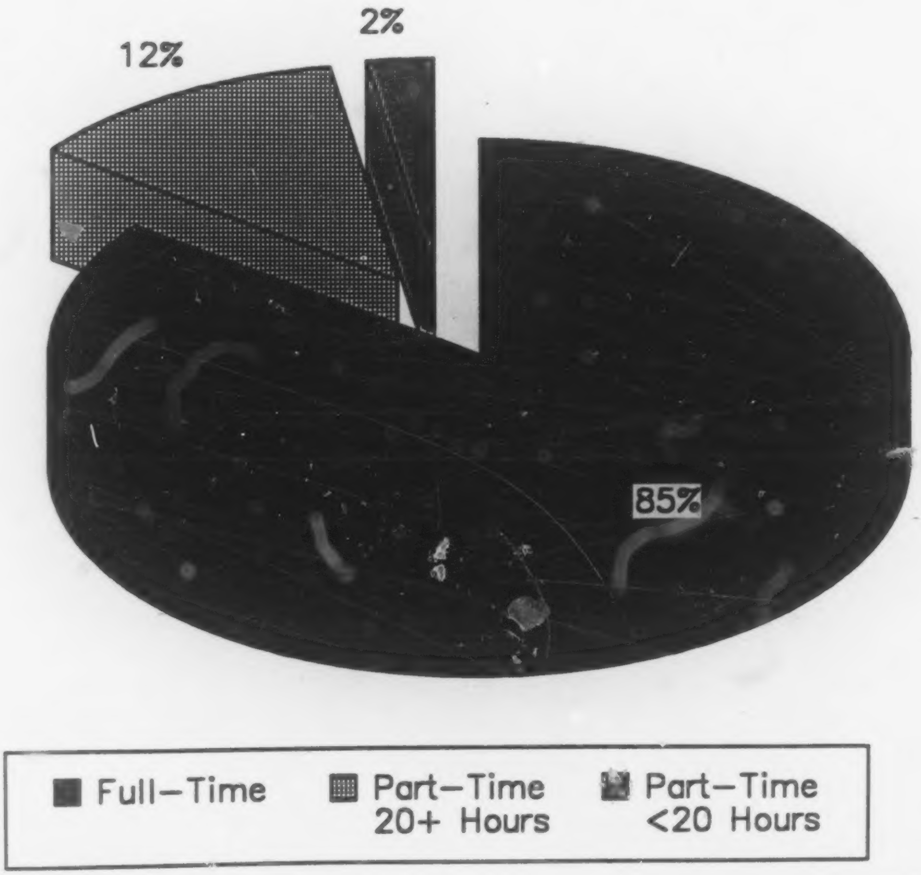
South Atlantic Region

The most frequently cited reasons for job selection are "prior experience at institution" and "opportunity to work in chosen specialty".



ACTIVITY STATUS OF NEWLY LICENSED NURSES, 1990

A great majority of new RNs work full-time. Only 2% work less than 20 hours per week.



ACTIVITY STATUS OF NEWLY LICENSED NURSES, 1990
South Atlantic Region

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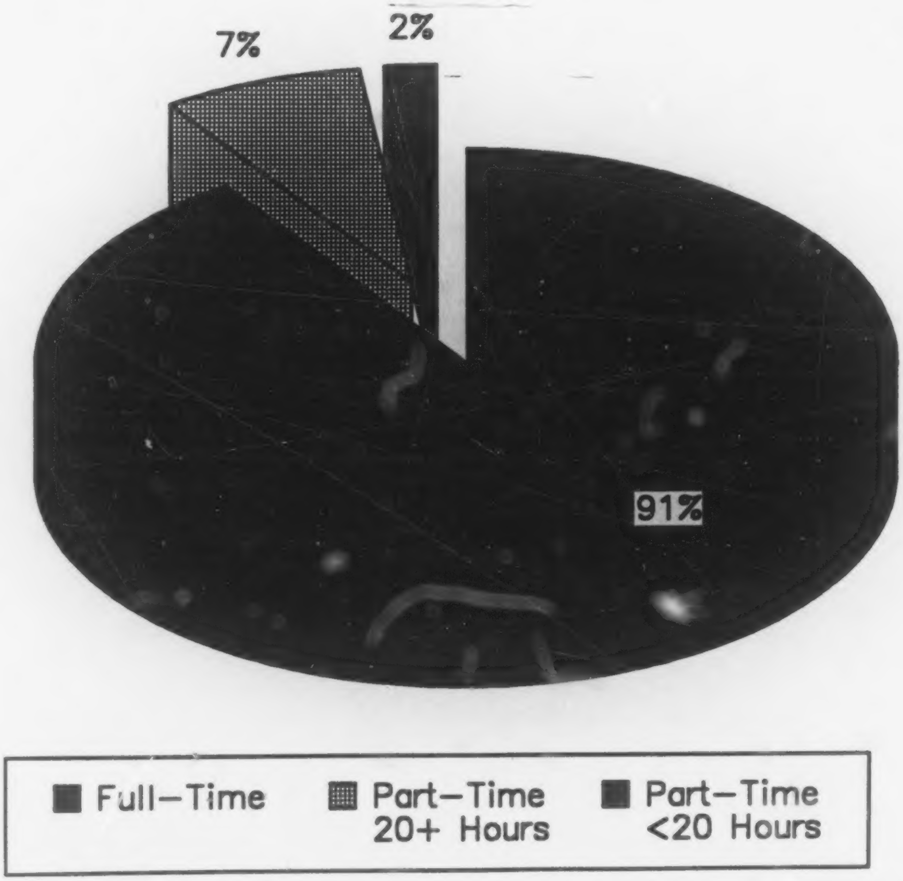
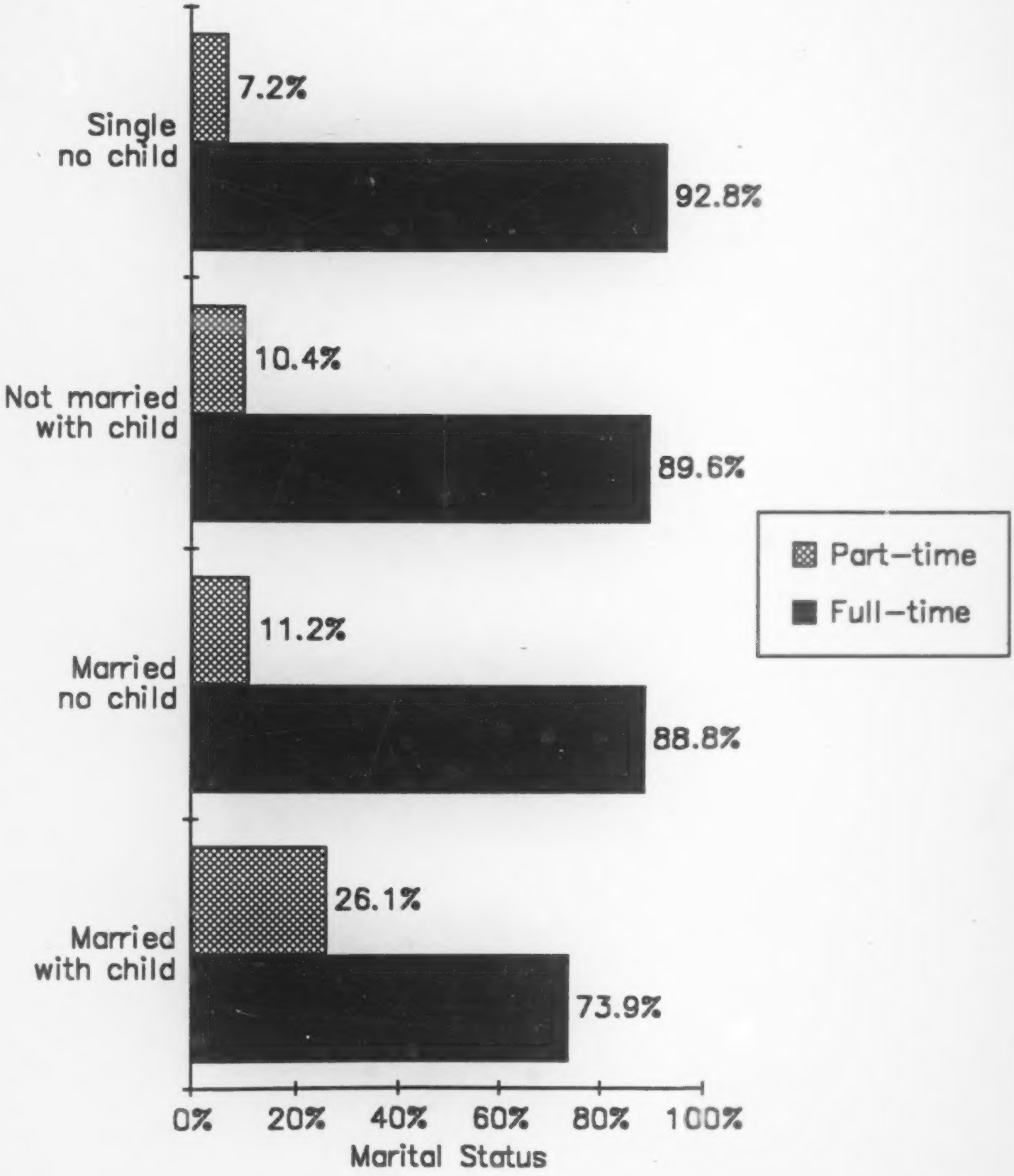


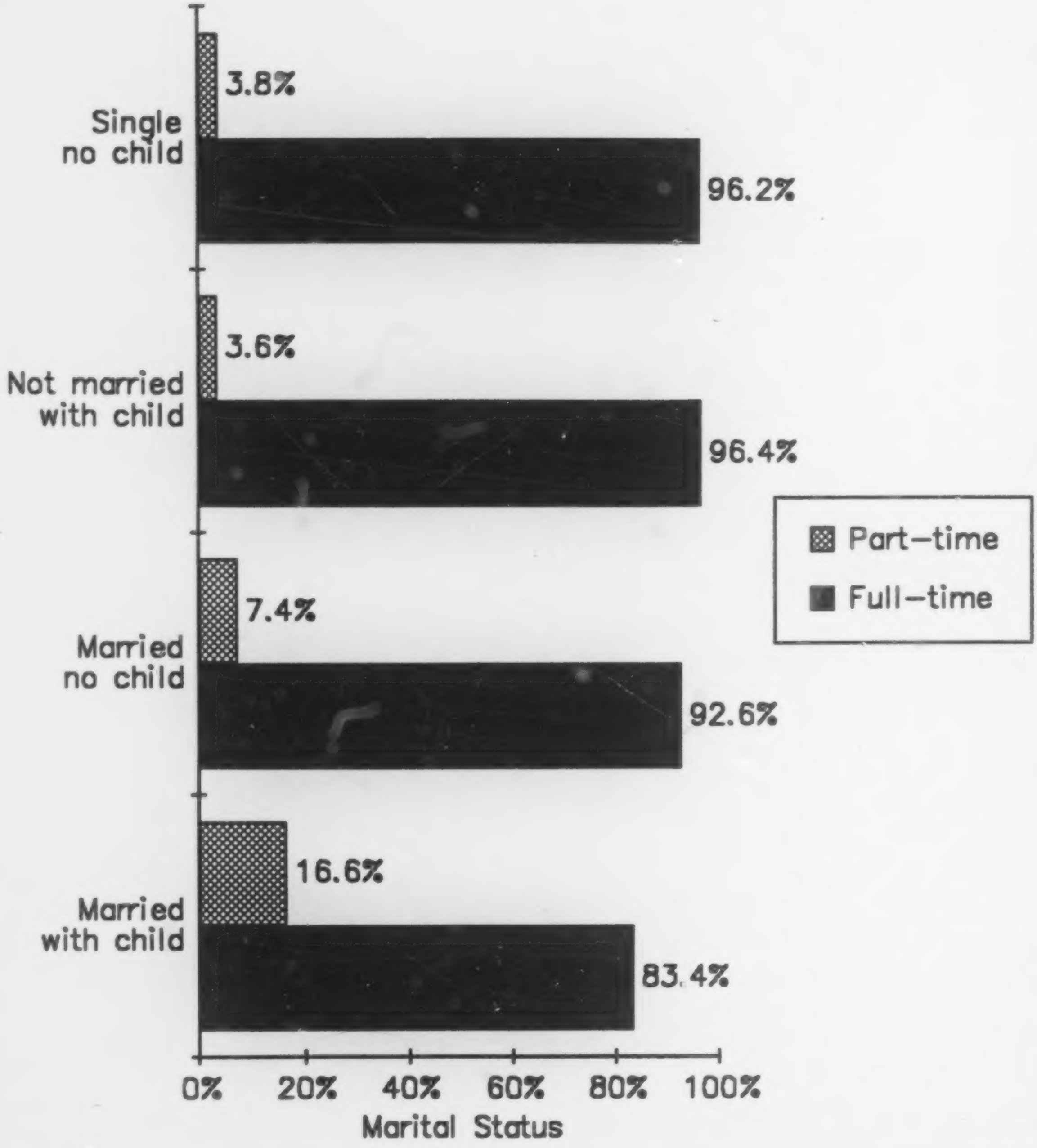
Activity Status of Newly Licensed Nurses by Marital Status

A large majority of new nurses work full-time.



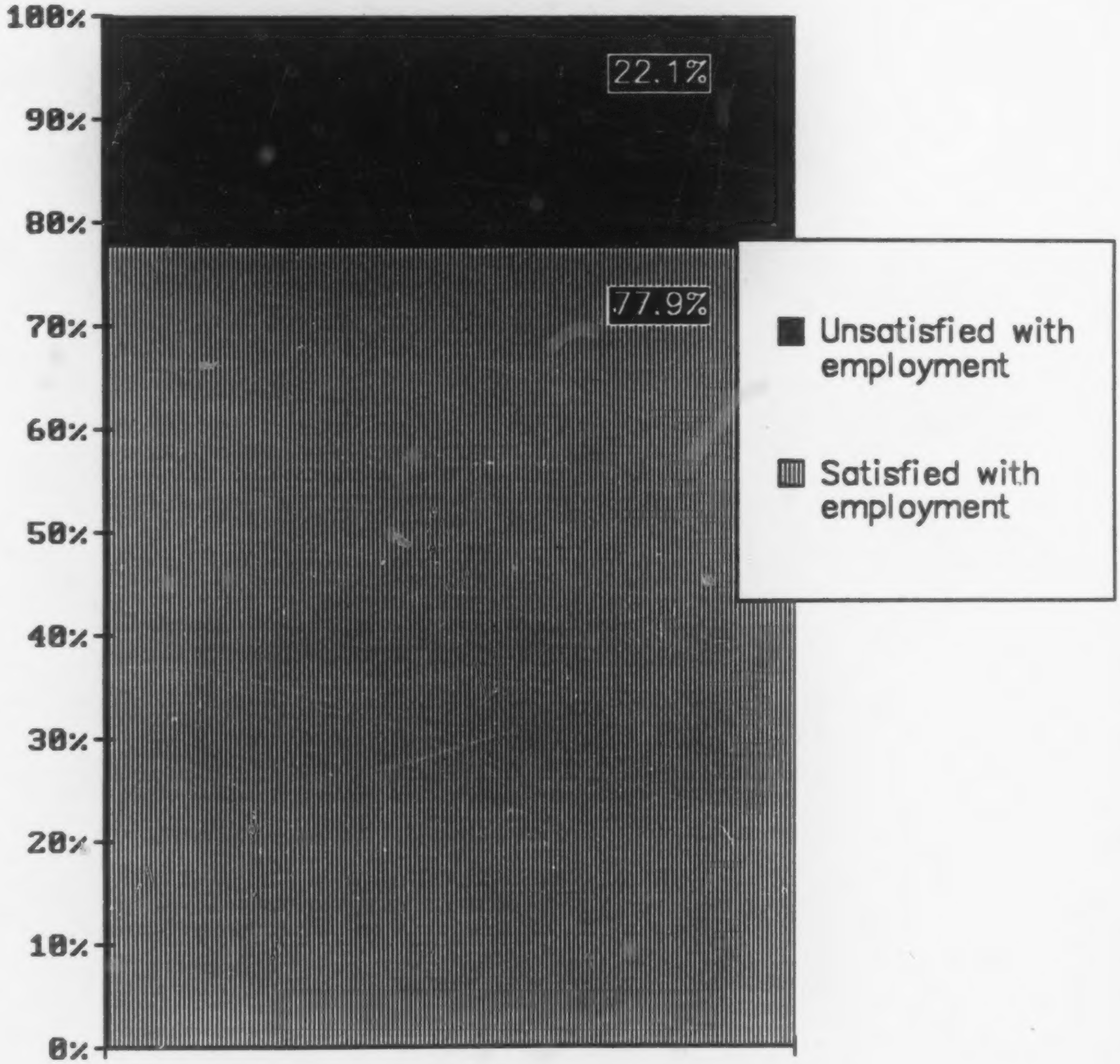
Activity Status of Newly Licensed Nurses by Marital Status South Atlantic Region

A large majority of new nurses work full–time.



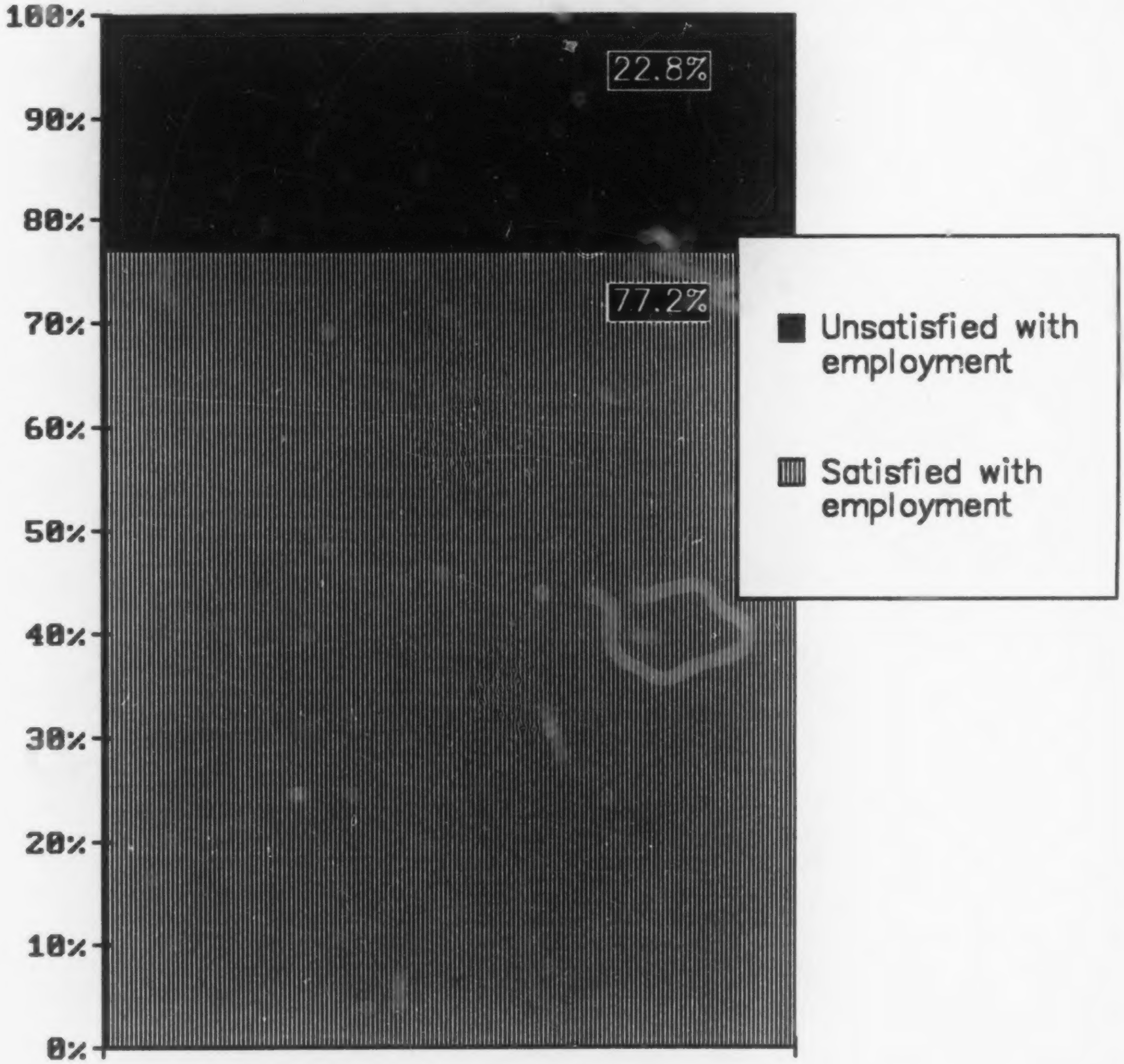
EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES

A high proportion of new nurses (77.9%) are satisfied with their employment



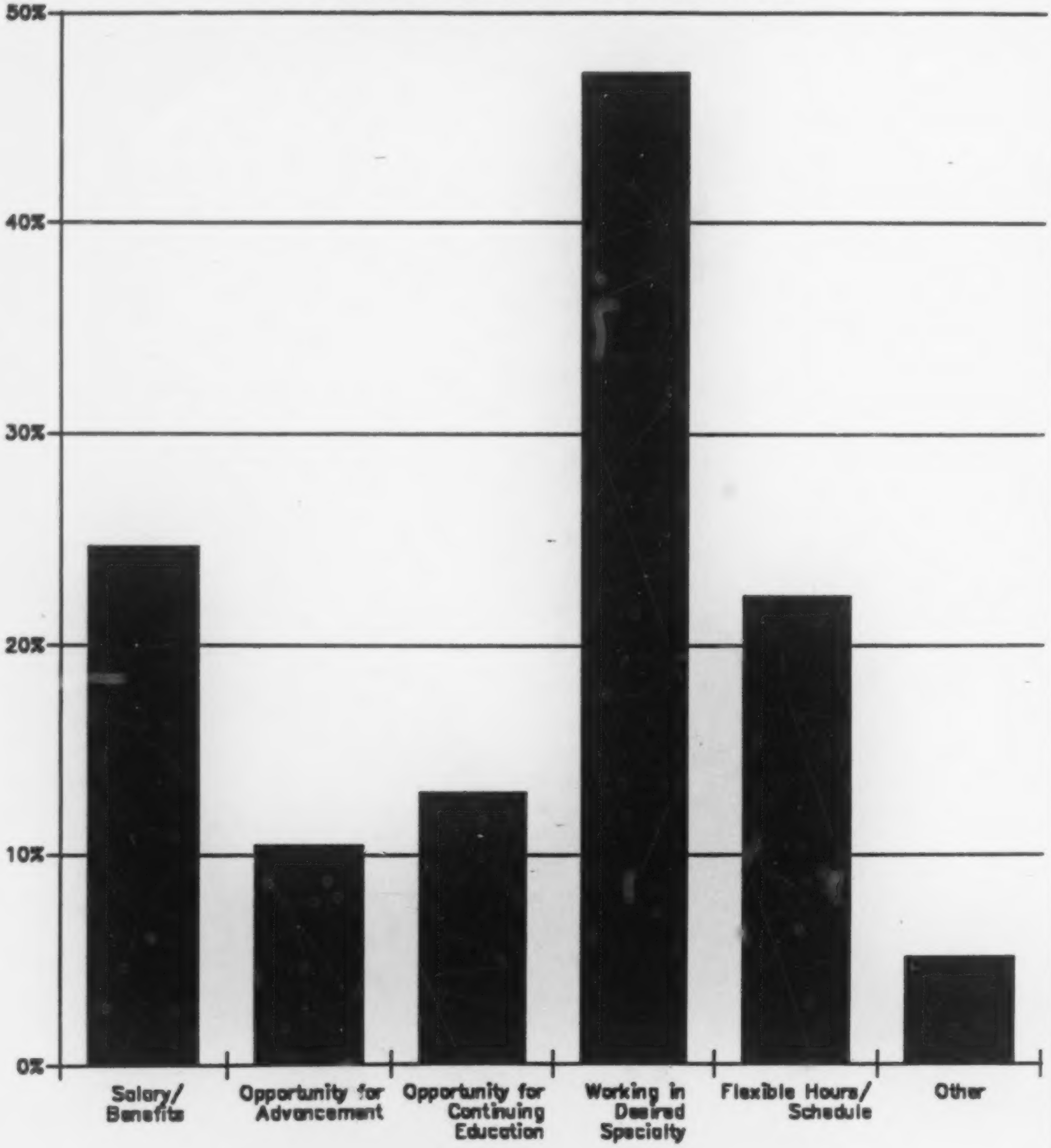
EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES
South Atlantic Region

A high proportion of new nurses (77.2%) are satisfied with their employment in the South Atlantic region.



MAIN SOURCE OF JOB SATISFACTION OF NEWLY LICENSED NURSES, 1990

Respondents most often cited "working in desired specialty" as their main source of satisfaction.



*Multiple responses were allowed for this question. Therefore, the sum of all responses will be greater than 100 percent.

MAIN SOURCE OF JOB SATISFACTION OF NEWLY LICENSED NURSES, 1990
South Atlantic Region

Respondents most often cited
"working in desired specialty" as
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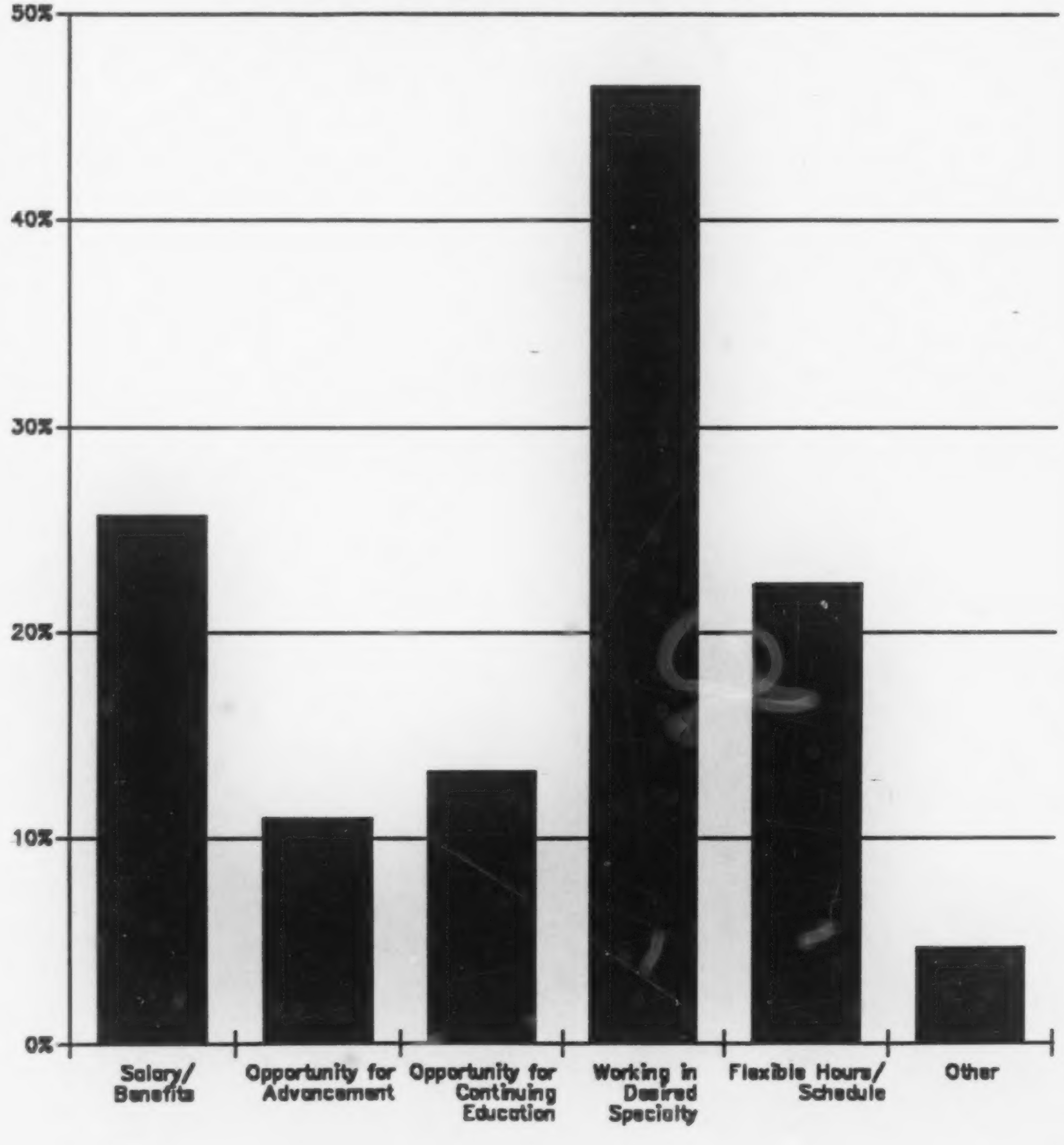
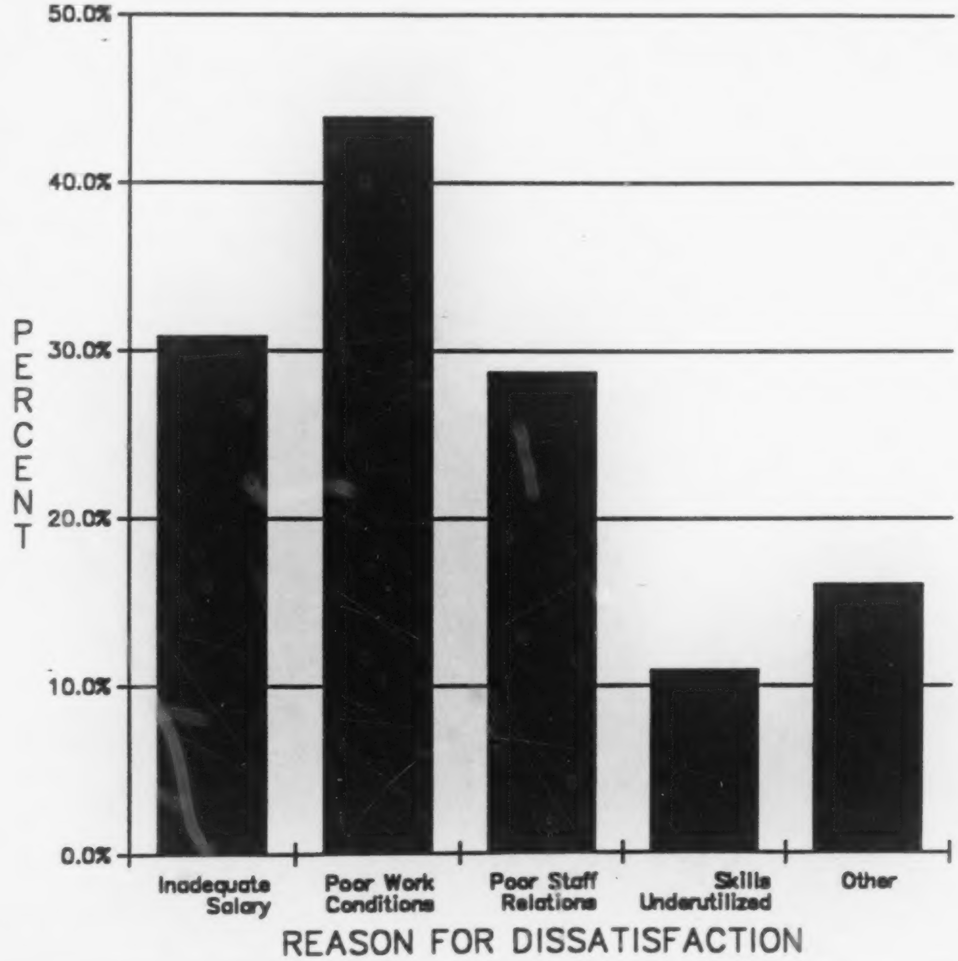


MAIN SOURCE OF JOB DISSATISFACTION BY NEWLY LICENSED NURSES

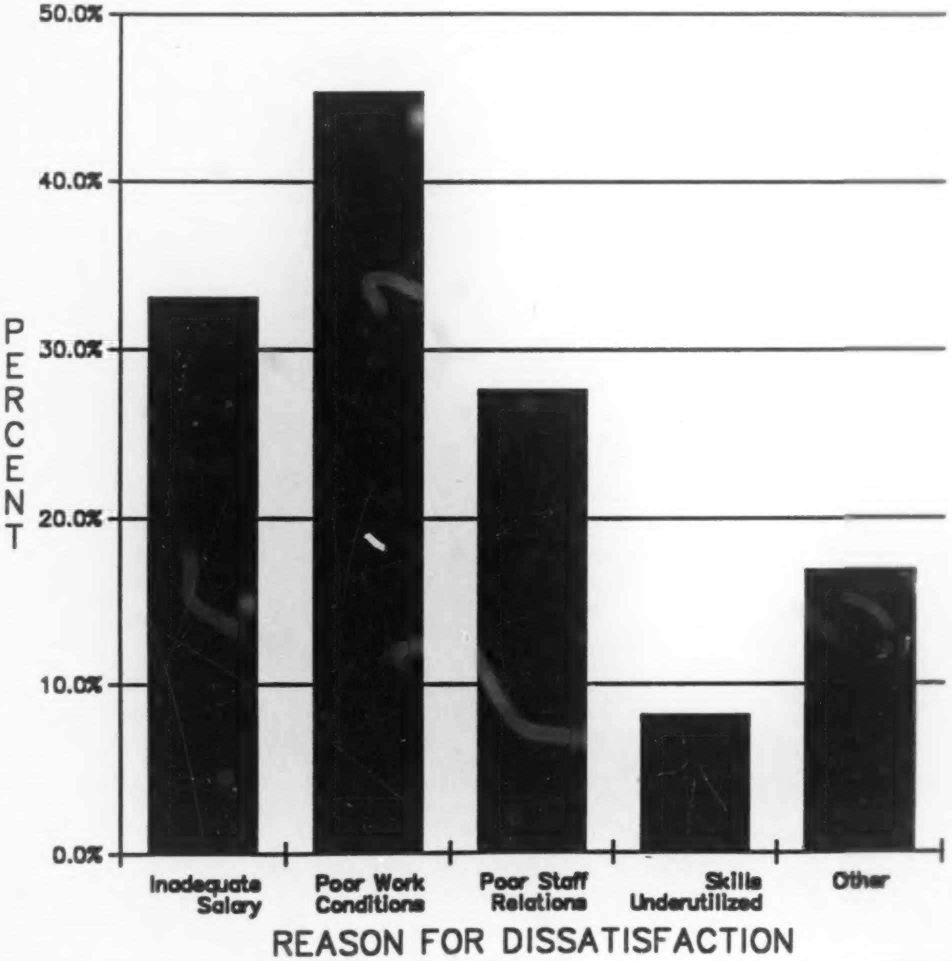
"Poor working conditions" was most often cited as a source of job dissatisfaction, followed by"inadequate salary" and "poor staff relations."



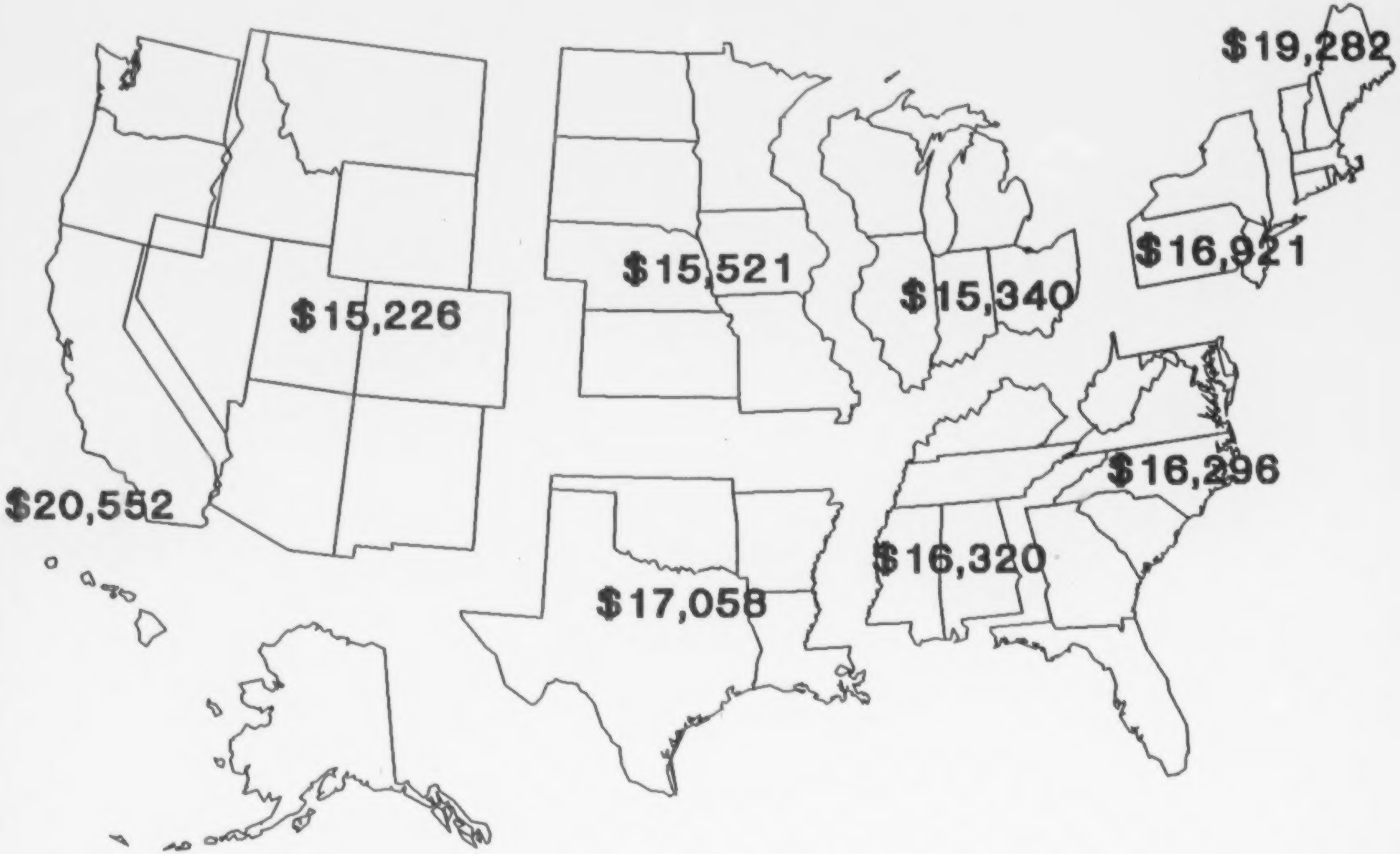
MAIN SOURCE OF JOB DISSATISFACTION AMONG NEWLY LICENSED NURSES, 1990

South Atlantic Region

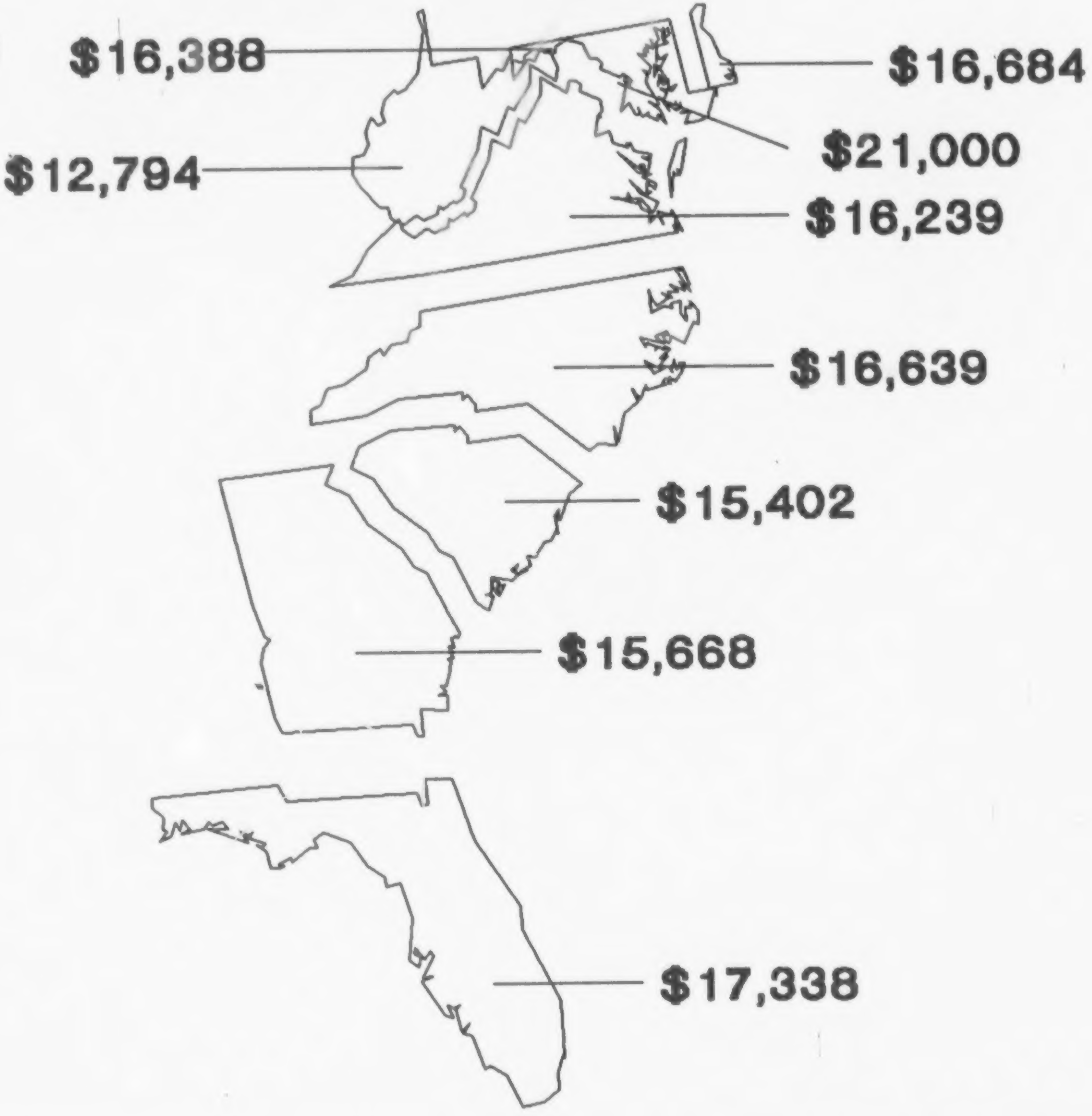
"Poor working conditions" was ranked highest as a source of job dissatisfaction. "Inadequate salary" ranked second and "poor staff relations" third.



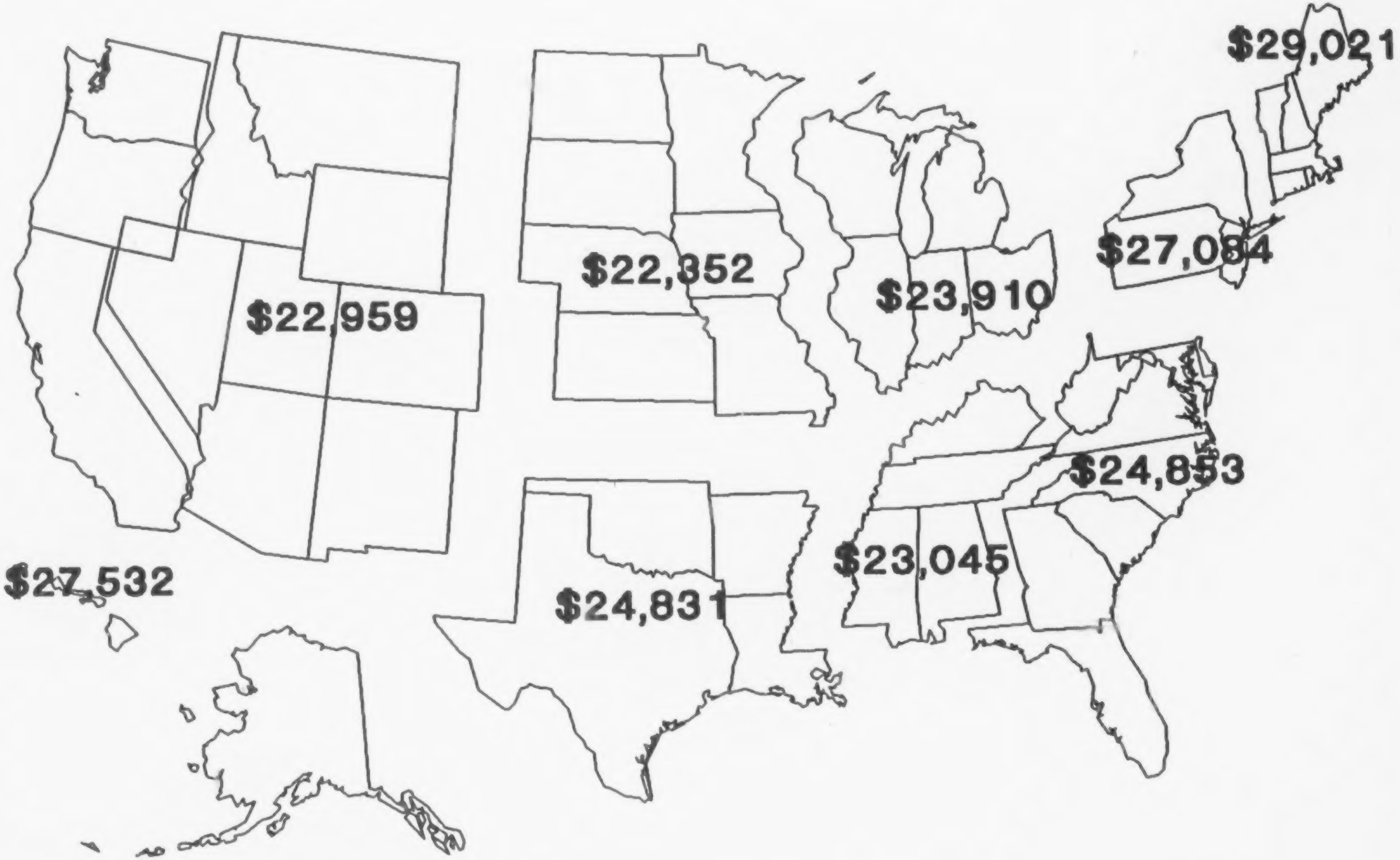
Mean Part-Time Salaries


$19,282
$16,921
$15,521
$15,340
$15,226
$16,296
$20,552
$16,320
$17,058

Mean Part-time Salaries
South Atlantic Region

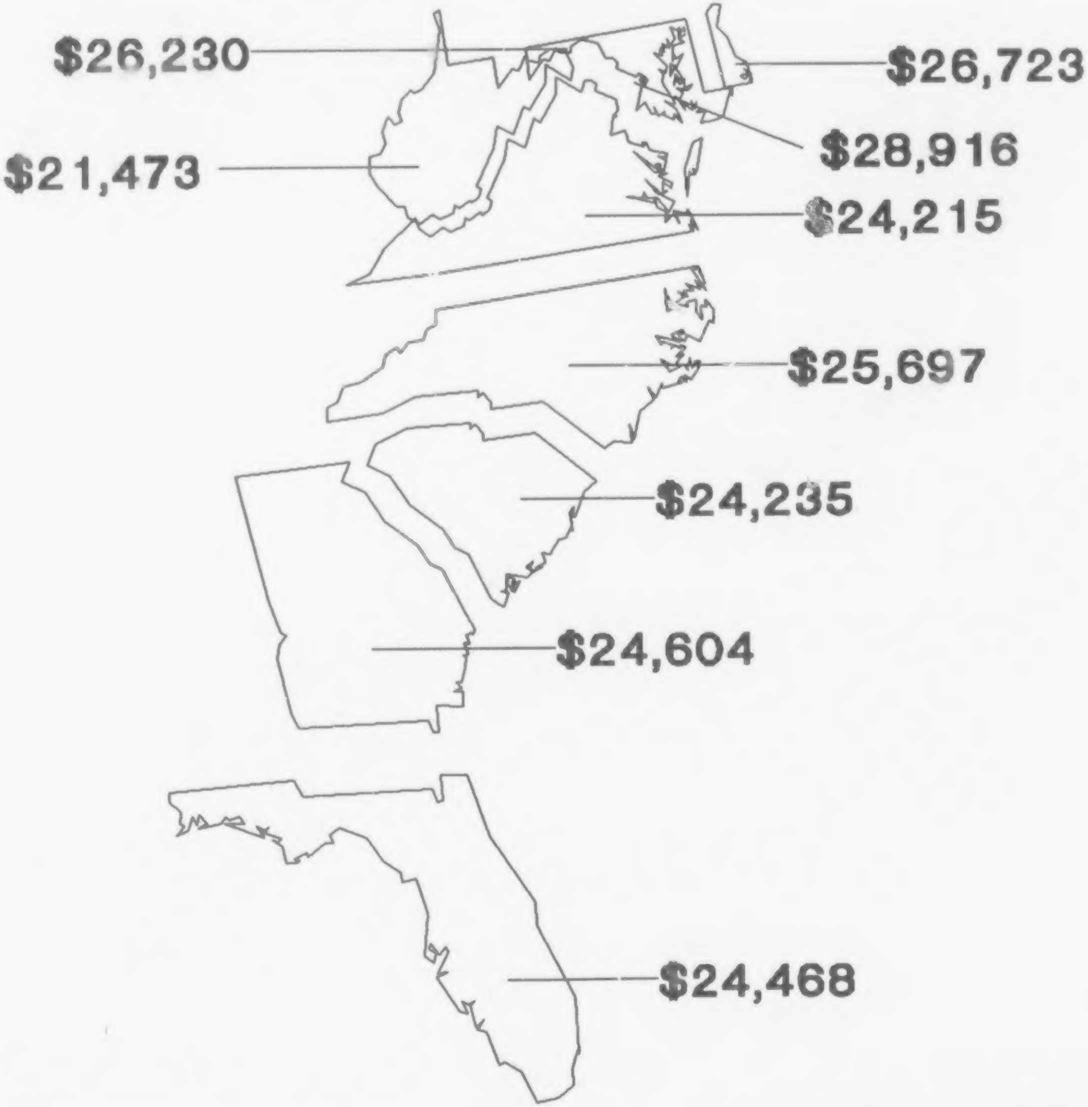

$16,388
$16,684
$21,000
$12,794
$16,239
$16,639
$15,402
$15,668
$17,338

Mean Full-time Salaries

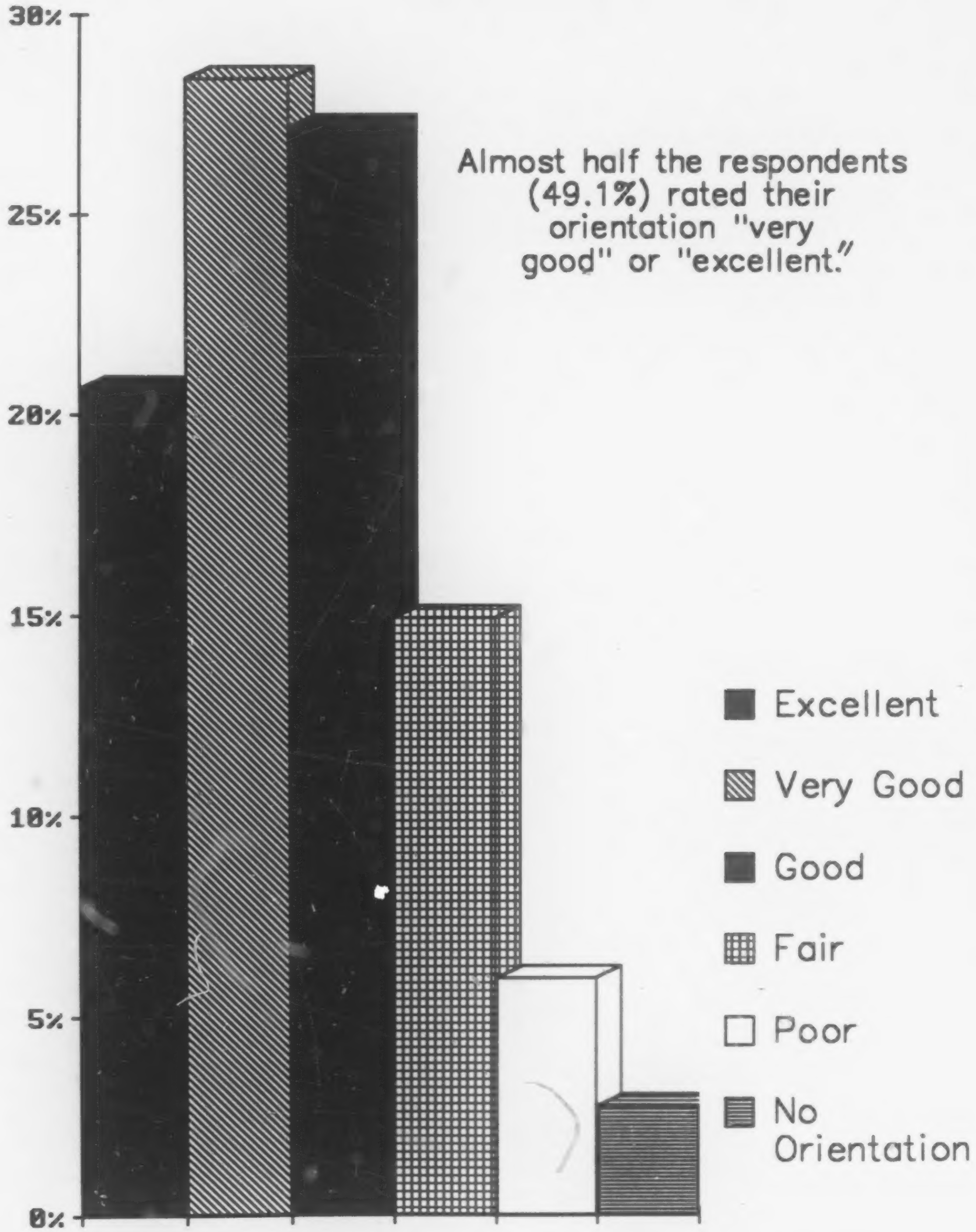


$29,021
$22,959
$22,352
$23,910
$27,084
$24,853
$23,045
$24,831
$27,532

Mean Full-time Salaries
South Atlantic Region

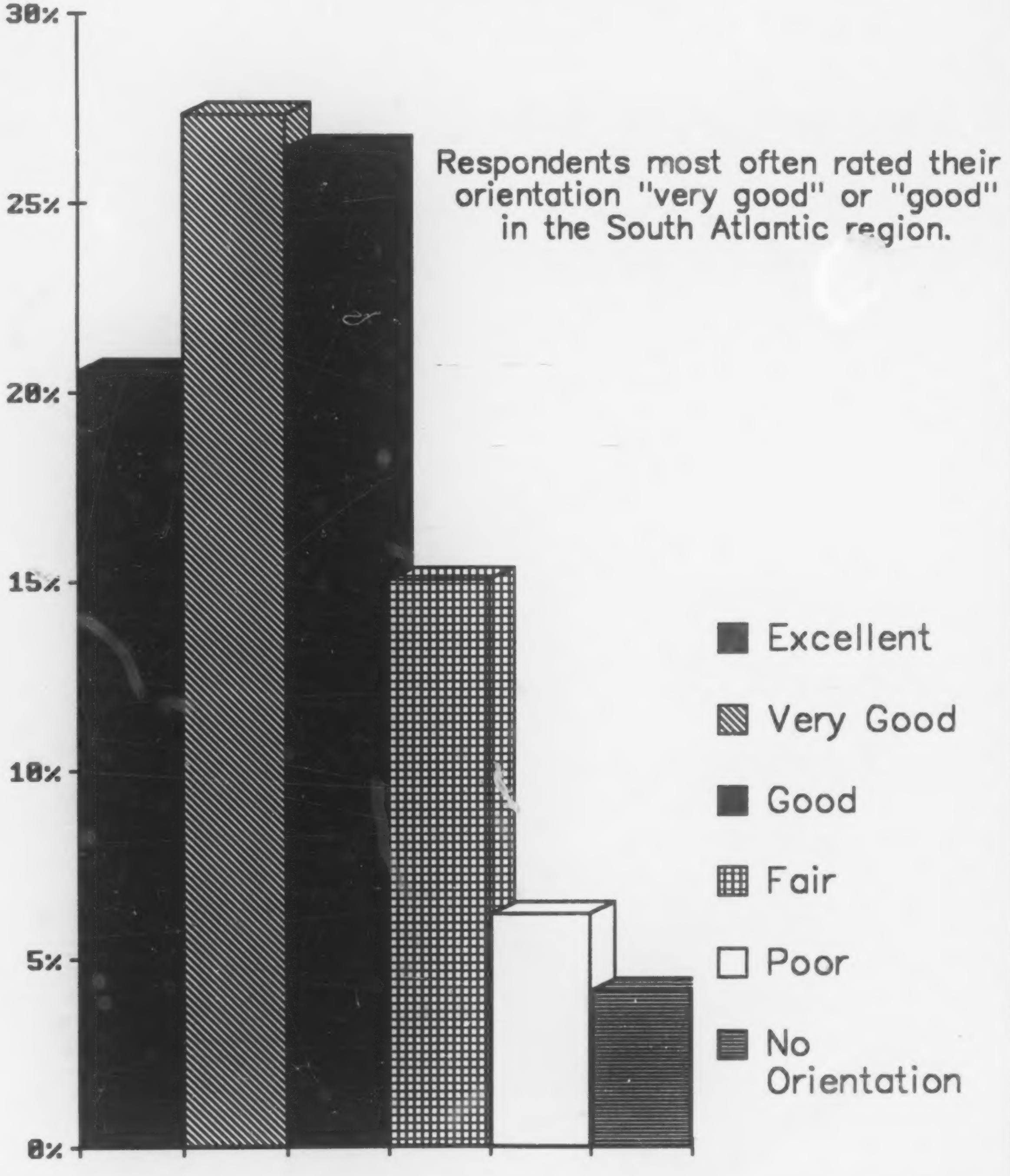

$26,230
$26,723
$28,916
$21,473
$24,215
$25,697
$24,235
$24,604
$24,468

PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES, 1990



Almost half the respondents (49.1%) rated their orientation "very good" or "excellent."

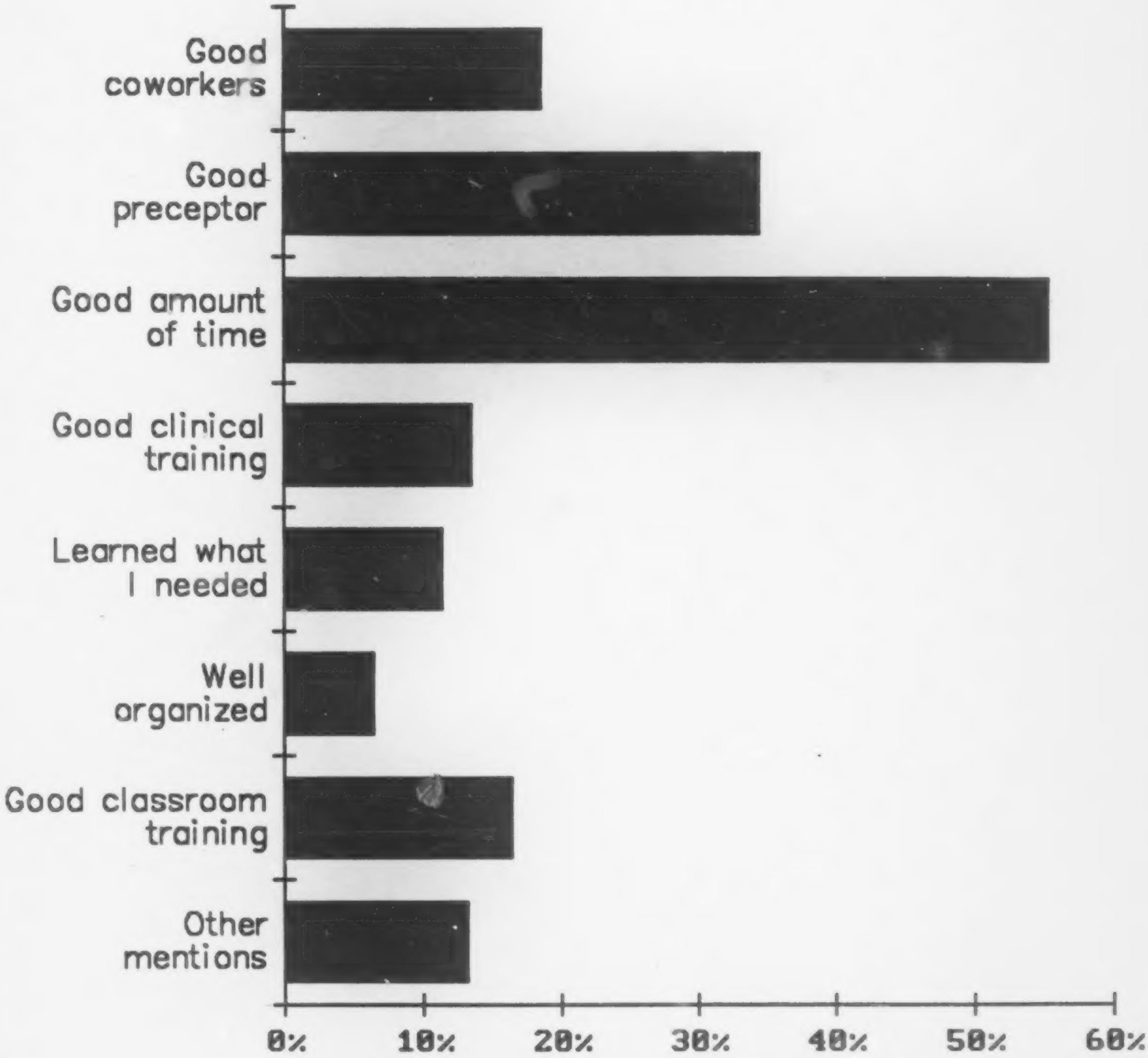
PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES, 1990
South Atlantic Region



Respondents most often rated their orientation "very good" or "good" in the South Atlantic region.

*Positive Evaluation of Orientations Among Newly Licensed Nurses

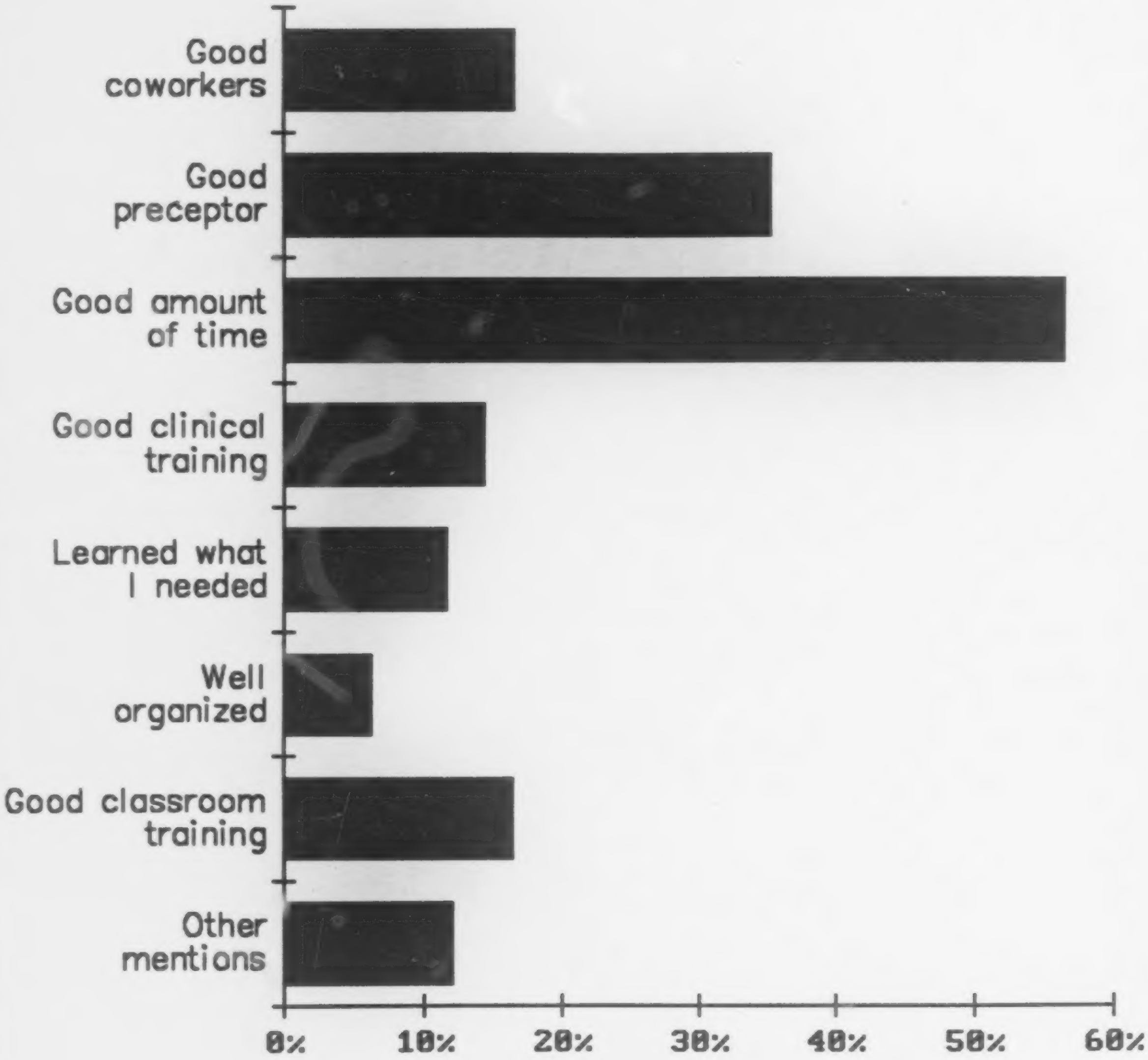
New nurses most often cited "good amount of time" as a reason for their positive evaluation.



*Multiple responses were allowed for this question. Therefore, the sum of all responses will be greater than 100 percent.
*Positive = excellent and very good.

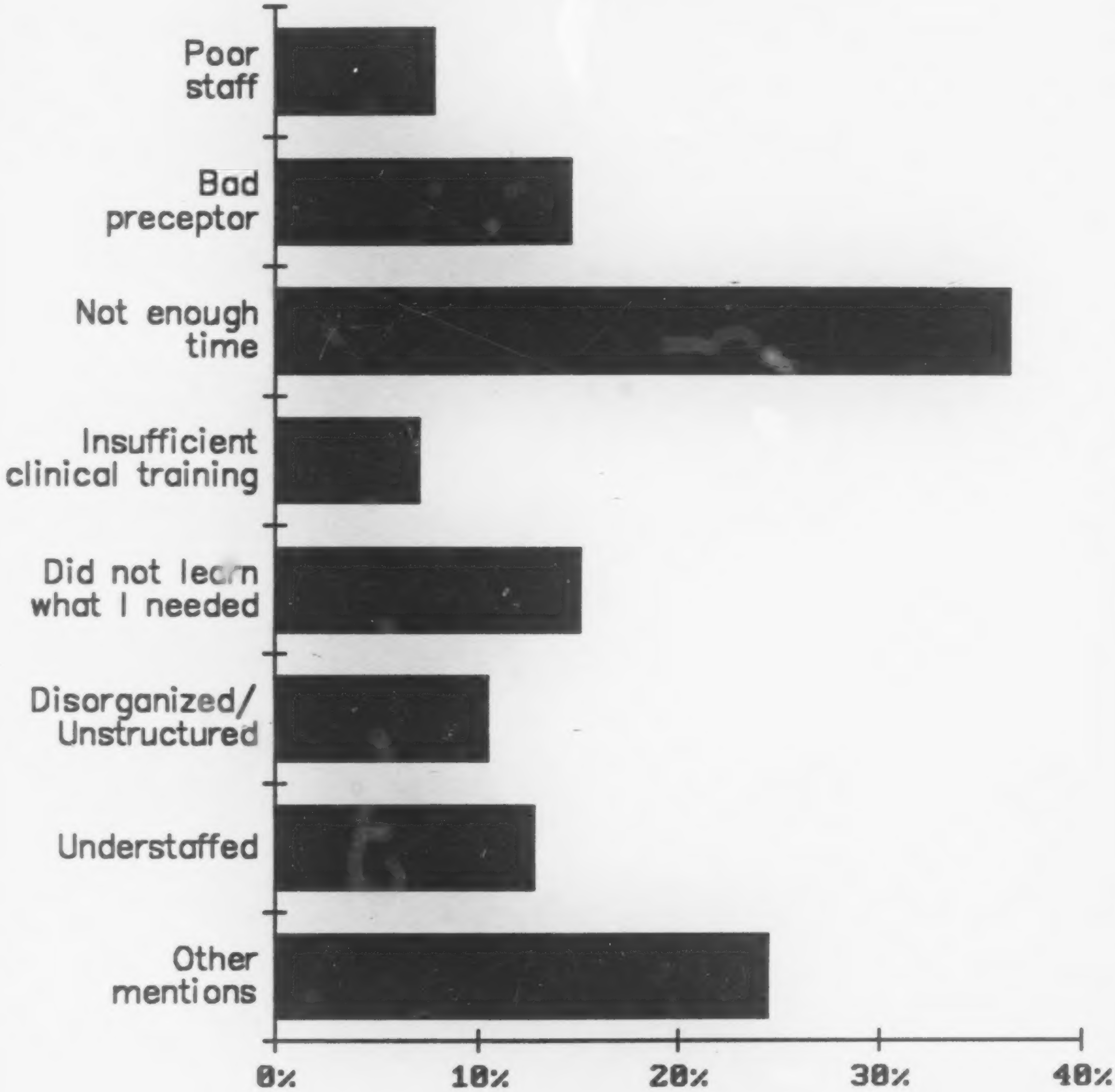
Positive Evaluation of Orientations Among Newly Licensed Nurses
South Atlantic Region

New nurses most often cited "good amount of time" as a reason for their positive evaluation.



*Neutral or Negative Evaluation of Orientations Among Newly Licensed Nurses

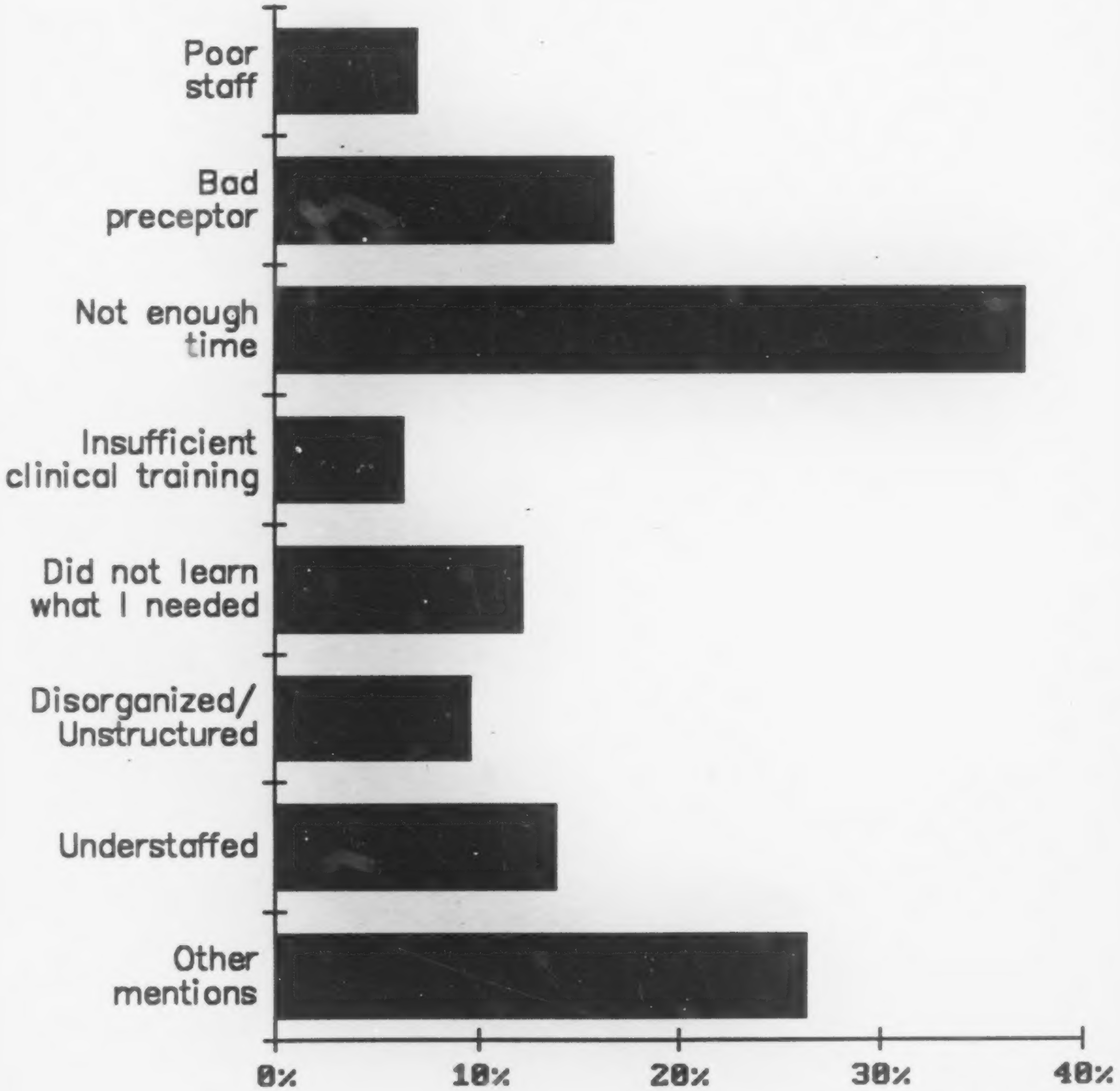
New nurses most often cited "not enough time" as a reason for their neutral or negative evaluation.



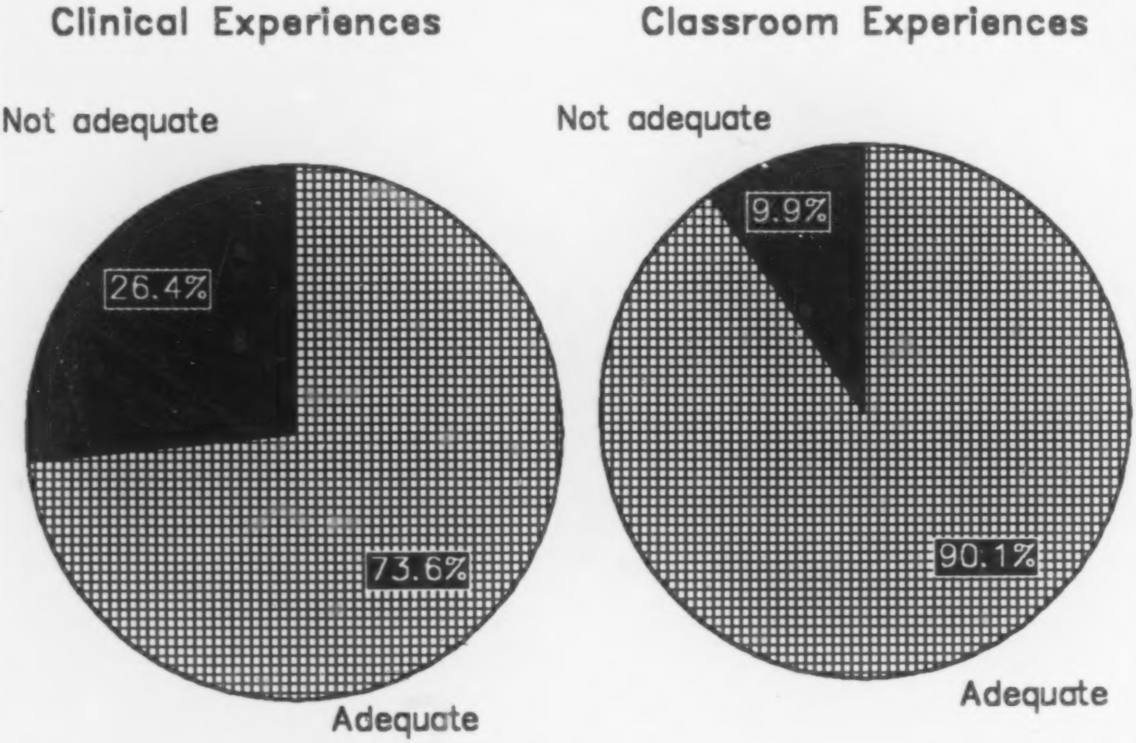
*Multiple responses were allowed for this question. Therefore, the sum of all responses will be greater than 100 percent.
*Neutral or negative = good, fair or poor.

Neutral or Negative Evaluation of Orientations Among Newly Licensed Nurses
South Atlantic Region

New nurses most often cited "not enough time" as a reason for their neutral or negative evaluation.

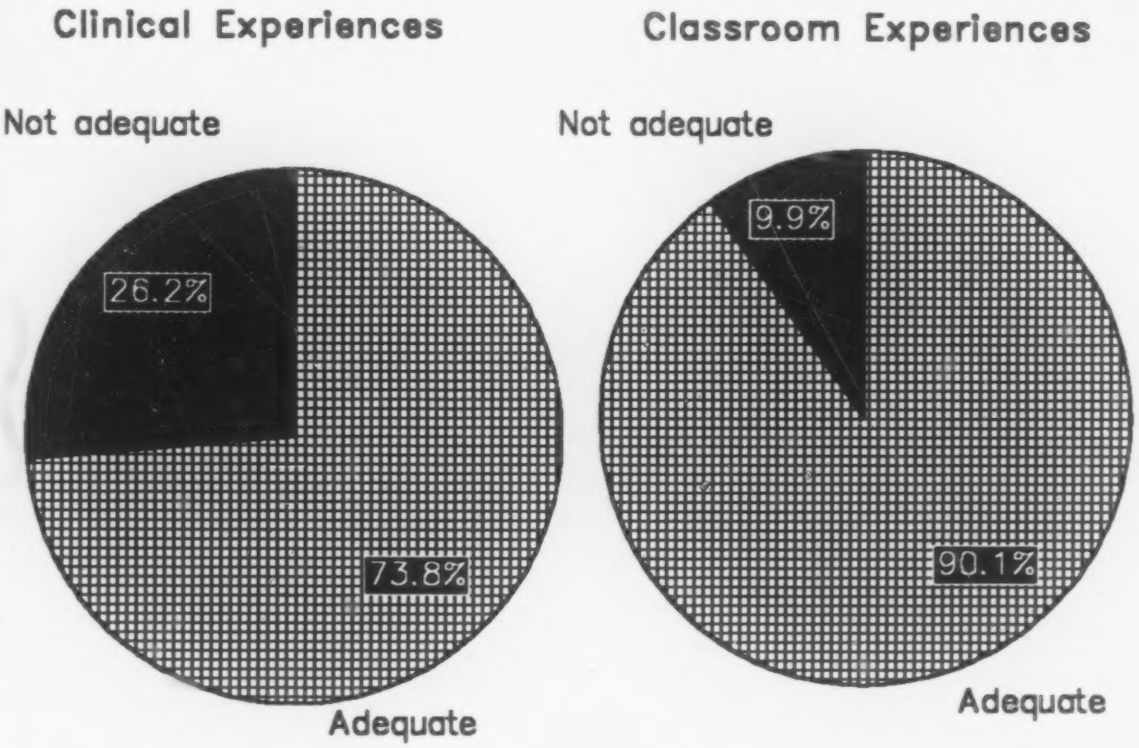


PERCEIVED ADEQUACY OF NURSING EDUCATION AMONG NEWLY LICENSED NURSES, 1990



Almost three-quarters of newly licensed nurses felt their clinical experiences were adequate for their current job. A larger 90% felt their classroom experiences were adequate.

PERCEIVED ADEQUACY OF NURSING EDUCATION AMONG NEWLY LICENSED NURSES, 1990
South Atlantic Region



Clinical experiences received a lower approval rating (74%) than classroom experiences (90%).

Section 3
CMSA Analysis: Numeric Tables

Analysis of Consolidated Metropolitan Statistical Areas

American society is increasingly centralized around the major urban cities—New York, Los Angeles, Chicago, and Houston. Health care services, particularly hospitals, are also concentrated within metropolitan areas. This special analysis of newly licensed nurses in what the Census Bureau terms Consolidated Metropolitan Statistical Areas (CMSAs), has been provided to assist health care executives in gaining a better understanding of the trends in America's largest cities. Great variation exists among the different regions of the country in relation to the demographic and employment characteristics of the nation's newly licensed nurses. Similarly, the unique financial and demographic circumstances within each metropolitan area result in vastly different local economies and labor forces.

A selected group of tables has been designed to highlight some of the differences among the various CMSAs. Keep in mind that the upcoming figures are based on the responses of those newly licensed nurses currently residing or working in a CMSA *only* and represent approximately one-quarter of the total cohort of new RNs. For a fuller and more meaningful understanding of the trends, these CMSA data may be compared with the national and regional figures presented in the earlier sections of this report.

Table CMSA-1
NUMBER OF NEWLY LICENSED NURSES BY CMSA AND TYPE OF NURSING EDUCATIONAL PROGRAM

	TOTAL		PROGRAM TYPE					
			DIPLOMA		ASSOCIATE DEGREE		BACCALAUREATE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,540	100.0	738	9.8	4.129	54.8	2.673	35.5
BOSTON-LAWRENCE-SALEM	385	100.0	53	13.8	186	48.3	146	37.9
BUFFALO-NIAGARA FALLS	192	100.0	13	6.8	105	54.7	74	38.5
CHICAGO-GARY-LAKE CO	663	100.0	30	4.5	351	52.9	282	42.5
CINCINNATI-HAMILTON	246	100.0	48	19.5	127	51.6	71	28.9
CLEVELAND-AKRON-LORAINE	401	100.0	72	18.0	168	41.9	161	40.1
DALLAS-FORT WORTH	218	100.0			126	57.8	92	42.2
DENVER-BOULDER	156	100.0	3	1.9	90	57.7	63	40.4
DETROIT-ANN ARBOR	583	100.0	23	3.9	344	59.0	216	37.0
HOUSTON-GALVESTON-BROZONA	244	100.0			172	70.5	72	29.5
LA-ANAHEIM-RIVERSIDE	718	100.0	39	5.4	574	79.9	105	14.6
MIAMI-FORT LAUDERDALE	109	100.0	10	9.2	57	52.3	42	38.5
MILWAUKEE-RACINE	167	100.0	13	7.8	66	39.5	88	52.7
NEW YORK-NEW JERSEY	1.275	100.0	147	11.5	658	51.6	470	36.9
PHILA-WILMINGTON-TRENTON	921	100.0	152	16.5	431	46.8	338	36.7
PITTSBURGH-BEAVER VALLEY	472	100.0	131	27.8	190	40.3	151	32.0
PORTLAND-VANCOUVER	158	100.0			80	50.6	78	49.4
SF-OAKLAND-SAN JOSE	424	100.0	3	.7	282	66.5	139	32.8
SEATTLE-TACOMA	208	100.0	1	.5	122	58.7	85	40.9

Table 1: Number of Newly Licensed Nurses by CMSA and Type of Nursing Education

A majority (54.8%) of new RNs residing in a CMSA graduated from an associate degree program. More than a third prepared at the baccalaureate level and about 10% received diplomas. As a group, new RNs living in cities are *less* likely to have studied at the ADN level when compared to the rest of the newly licensed nurse cohort.

The greatest proportion of diploma graduates are situated in the Pittsburgh area and the largest proportion of baccalaureate graduates are located in Milwaukee. Associate degree graduates are most prevalent in Los Angeles.

Table CMSA-2
NEWLY LICENSED NURSES BY CMSA AND JOB HUNTING EXPERIENCES

	TOTAL		JOB-HUNTING EXPERIENCES									
			MANY JOBS		FAIR NUMBER		VERY FEW		CAN'T SAY-TOOK JOB AT CLINICAL SITE		CAN'T SAY-VOLUNTARILY UNEMPLOYED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,491	100.0	4,959	66.2	1,500	20.0	130	1.7	830	11.1	72	1.0
METROPOLITAN AREA												
BOSTON-LAWRENCE-SALEM	392	100.0	130	33.2	144	36.7	43	11.0	71	18.1	4	1.0
BUFFALO-NIAGARA FALLS	192	100.0	126	65.6	37	19.3	3	1.6	24	12.5	2	1.0
CHICAGO-GARY-LAKE CO	659	100.0	482	73.1	109	16.5	7	1.1	56	8.5	5	.8
CINCINNATI-HAMILTON	245	100.0	161	65.7	37	15.1	8	3.3	35	14.3	4	1.6
CLEVELAND-AKRON-LORAINE	408	100.0	254	62.3	90	22.1	2	.5	61	15.0	1	.2
DALLAS-FORT WORTH	215	100.0	153	71.2	30	14.0	2	.9	27	12.6	3	1.4
DENVER-BOULDER	155	100.0	104	67.1	31	20.0	3	1.9	17	11.0		
DETROIT-ANN ARBOR	579	100.0	421	72.7	83	14.3	9	1.6	60	10.4	6	1.0
HOUSTON-GALVESTON-BROZONA	242	100.0	197	81.4	23	9.5	1	.4	19	7.9	2	.8
LA-ANAHEIM-RIVERSIDE	709	100.0	446	62.9	170	24.0	15	2.1	71	10.0	7	1.0
MIAMI-FORT LAUDERDALE	108	100.0	73	67.6	26	24.1	1	.9	7	6.5	1	.9
MILWAUKEE-RACINE	167	100.0	119	71.3	33	19.8	2	1.2	11	6.6	2	1.2
NEW YORK-NEW JERSEY	1,256	100.0	853	67.9	250	19.9	10	.8	130	10.4	13	1.0
PHILA-WILMINGTON-TRENTON	913	100.0	605	66.3	153	17.9	8	.9	132	14.5	5	.5
PITTSBURGH-BEAVER VALLEY	466	100.0	361	77.5	60	12.9	3	.6	40	8.6	2	.4
PORTLAND-VANCOUVER	155	100.0	91	58.7	42	27.1	4	2.6	14	9.0	4	2.6
SF-OAKLAND-SAN JOSE	423	100.0	267	63.1	107	25.3	5	1.2	34	8.0	10	2.4
SEATTLE-TACOMA	207	100.0	116	56.0	65	31.4	4	1.9	21	10.1	1	.5

Table 2: Newly Licensed Nurses by CMSA and Job Hunting Experiences

Demand for newly licensed nurses nationwide is great and two-thirds of new RNs residing in CMSAs claim that "many jobs" were available when the were job hunting. However, great diversity exists among the different CMSAs with over 80% of new RNs in Houston stating that "many jobs" were available and only 33% of Boston's new RNs stating the same.

Table CMSA-3
NEWLY LICENSED NURSES BY CMSA AND EMPLOYMENT SETTING

	TOTAL		EMPLOYMENT SETTING							
			HOSPITAL		NURSING HOME		COMMUNITY/HOME/ PUBLIC HEALTH AGENCY		SCHOOL NURSE/ PHYSICIAN'S OFFICE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,194	100.0	6,785	94.3	191	2.7	134	1.9	84	1.2
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	372	100.0	343	92.2	18	4.8	7	1.9	4	1.1
BUFFALO-NIAGARA FALLS	182	100.0	167	91.8	7	3.8	4	2.2	4	2.2
CHICAGO-GARY-LAKE CO	640	100.0	610	95.3	11	1.7	12	1.9	7	1.1
CINCINNATI-HAMILTON	231	100.0	213	92.2	11	4.8	4	1.7	3	1.3
CLEVELAND-AKRON-LORAINE	393	100.0	372	94.7	15	3.8	5	1.3	1	.3
DALLAS-FORT WORTH	208	100.0	188	90.4	4	1.9	6	2.9	10	4.8
DENVER-BOULDER	151	100.0	142	94.0	4	2.6	4	2.6	1	.7
DETROIT-ANN ARBOR	566	100.0	541	95.6	11	1.9	12	2.1	2	.4
HOUSTON-GALVESTON-BROZONA	230	100.0	216	93.9			6	2.6	8	3.5
LA-ANAHEIM-RIVERSIDE	684	100.0	653	95.5	6	.9	12	1.8	13	1.9
MIAMI-FORT LAUDERDALE	107	100.0	104	97.2	1	.9	2	1.9		
MILWAUKEE-RACINE	162	100.0	147	90.7	13	8.0	1	6	1	.6
NEW YORK-NEW JERSEY	1,211	100.0	1,139	94.1	35	2.9	30	2.5	7	.6
PHILA-WILMINGTON-TRENTON	879	100.0	841	95.7	20	2.3	11	1.3	7	.8
PITTSBURGH-BEAVER VALLEY	449	100.0	428	95.3	10	2.2	6	1.3	5	1.1
PORTLAND-VANCOUVER	147	100.0	134	91.2	9	6.1	1	.7	3	2.0
SF-OAKLAND-SAN JOSE	392	100.0	383	97.7	4	1.0	3	.8	2	.5
SEATTLE-TACOMA	190	100.0	164	86.3	12	6.3	8	4.2	6	3.2

Table 3: Newly Licensed Nurses by CMSA and Employment Setting

Over 94% of new RNs residing in cities work in hospitals. This figure is sightly larger than that of the national figure of 91% suggesting that, in metropolitan areas, more opportunities are available in acute care settings. Among the CMSAs, Seattle contains the greatest percentage of new RNs employed in nursing homes and community/public health and Dallas contains the largest percentage working in schools and/or physician's offices.

Table CMSA-4
NEWLY LICENSED NURSES BY CMSA AND SIZE OF HOSPITAL OF EMPLOYMENT*

	TOTAL		HOSPITAL SIZE							
			6 TO 99 BEDS		100 TO 299 BEDS		300 TO 499 BEDS		500 BEDS OR MORE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	5,136	100.0	195	3.8	1,419	27.6	1,666	32.4	1,856	36.1
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	255	100.0	13	5.1	97	38.0	89	34.9	56	22.0
BUFFALO-NIAGARA FALLS	124	100.0	5	4.0	28	22.6	39	31.5	52	41.9
CHICAGO-GARY-LAKE CO	442	100.0	22	5.0	114	25.8	146	33.0	160	36.2
CINCINNATI-HAMILTON	159	100.0	6	3.8	52	32.7	57	35.8	44	27.7
CLEVELAND-AKRON-LORAINE	281	100.0	11	3.9	69	24.6	76	27.0	125	44.5
DALLAS-FORT WORTH	142	100.0	11	7.7	39	27.5	35	24.6	57	40.1
DENVER-BOULDER	108	100.0	1	9	42	38.9	44	40.7	21	19.4
DETROIT-ANN ARBOR	415	100.0	11	2.7	84	20.2	123	29.6	197	47.5
HOUSTON-GALVESTON-BROZONA	169	100.0	11	6.5	50	29.6	33	19.5	75	44.4
LA-ANAHEIM-RIVERSIDE	504	100.0	25	5.0	159	31.5	175	34.7	145	28.8
MIAMI-FORT LAUDERDALE	82	100.0	1	1.2	20	24.4	21	25.6	40	48.8
MILWAUKEE-RACINE	100	100.0	4	4.0	41	41.0	37	37.0	18	18.0
NEW YORK-NEW JERSEY	871	100.0	11	1.3	154	17.7	283	32.5	423	48.6
PHILA-WILMINGTON-TRENTON	640	100.0	24	3.7	216	33.7	200	31.3	200	31.3
PITTSBURGH-BEAVER VALLEY	348	100.0	7	2.0	85	24.4	117	33.6	139	39.9
PORTLAND-VANCOUVER	92	100.0	8	8.7	20	21.7	47	51.1	17	18.5
SF-OAKLAND-SAN JOSE	283	100.0	[illegible]	4.6	112	39.6	97	34.3	61	21.6
SEATTLE-TACOMA	121	100.0	[illegible]	9.1	37	30.6	47	38.8	26	21.5

*AS [illegible] OF THOSE EMPLOYED IN HOSPITALS

Table 4: Newly Licensed Nurses by CMSA and Size of Hospital

There is little variation in the size of the hospitals in which newly licensed nurses are employed. Less than 10% separates the newly licensed nurses employed in hospitals containing 100 to 299 beds and those working in institutions with 500 or more beds. A very small group of newly licensed nurses are employed in hospitals with less than 100 beds.

Table CMSA-5
NEWLY LICENSED NURSES BY CMSA AND LENGTH OF JOB HUNT

	TOTAL		LENGTH OF JOB HUNT—EMPLOYED IN NURSING							
			FOUND BEFORE GRADUATION		ONE MONTH OR LESS		2 TO 3 MONTHS		4 TO 6 MONTHS	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,334	100.0	5,654	77.1	1,123	15.3	393	5.4	164	2.2
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	378	100.0	287	75.9	48	12.7	31	8.2	12	3.2
BUFFALO-NIAGARA FALLS	186	100.0	146	78.5	29	15.6	[illegible]	4.8	2	1.1
CHICAGO-GARY-LAKE CO	647	100.0	489	75.6	113	17.5	35	5.4	10	1.5
CINCINNATI-HAMILTON	238	100.0	202	84.9	25	10.5	7	2.9	4	1.7
CLEVELAND-AKRON-LORAINE	399	100.0	336	84.2	47	11.8	15	3.8	1	.3
DALLAS-FORT WORTH	211	100.0	169	80.1	31	14.7	8	3.8	3	1.4
DENVER-BOULDER	154	100.0	124	80.5	23	14.9	7	4.5		
DETROIT-ANN ARBOR	570	100.0	462	81.1	71	12.5	25	4.4	12	2.1
HOUSTON-GALVESTON-BROZONA	236	100.0	180	76.3	47	19.9	4	1.7	5	2.1
LA-ANAHEIM-RIVERSIDE	695	100.0	461	66.3	162	23.3	47	6.8	25	3.6
MIAMI-FORT LAUDERDALE	107	100.0	70	65.4	27	25.2	7	6.5	3	2.8
MILWAUKEE-RACINE	164	100.0	130	79.3	25	15.2	7	4.3	2	1.2
NEW YORK-NEW JERSEY	1,234	100.0	882	71.5	203	16.5	103	8.3	46	3.7
PHILA-WILMINGTON-TRENTON	900	100.0	796	88.4	73	8.1	25	2.8	6	.7
PITTSBURGH-BEAVER VALLEY	461	100.0	403	87.4	42	9.1	12	2.6	4	.9
PORTLAND-VANCOUVER	151	100.0	115	76.2	22	14.6	8	5.3	6	4.0
SF-OAKLAND-SAN JOSE	400	100.0	259	64.7	101	25.2	23	5.7	17	4.2
SEATTLE-TACOMA	203	100.0	143	70.4	34	16.7	20	9.9	6	3.0

Table 5: Newly Licensed Nurses by CMSA and Length of Job Hunt

The length of time necessary to find a job is a good measure of demand and, generally speaking, over 90% of newly licensed nurses in CMSAs found jobs before or within one month of graduation indicating that demand for new RNs is very strong. The degree of demand, however, varies among the nation's cities. New RNs in the New York/New Jersey CMSA and the Seattle-Tacoma area state that it took slightly longer to find a job than their counterparts in the rest of the country. Nurses in the two CMSAs in Pennsylvania reported greater ease in locating their first job.

Table CMSA-6
NEWLY LICENSED NURSES BY CMSA AND ACTIVITY STATUS

	TOTAL		ACTIVITY STATUS					
			FULL-TIME		PART-TIME <20 HOURS		PART-TIME 20+	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,332	100.0	6.181	84.3	202	2.8	949	12.9
METROPOLITAN AREA								
BOSTON-LAWRENCE-SALEM	379	100.0	306	80.7	14	3.7	59	15.6
BUFFALO-NIAGARA FALLS	184	100.0	157	85.3	5	2.7	22	12.0
CHICAGO-GARY-LAKE CO	647	100.0	541	83.6	14	2.2	92	14.2
CINCINNATI-HAMILTON	238	100.0	189	79.4	8	3.4	41	17.2
CLEVELAND-AKRON-LORAINE	400	100.0	358	89.5	8	2.0	34	8.5
DALLAS-FORT WORTH	211	100.0	197	93.4	1	.5	13	6.2
DENVER-BOULDER	153	100.0	134	87.6	3	2.0	16	10.5
DETROIT-ANN ARBOR	572	100.0	455	79.5	28	4.9	89	15.6
HOUSTON-GALVESTON-BROZONA	237	100.0	222	93.7	5	2.1	10	4.2
LA-ANAHEIM-RIVERSIDE	694	100.0	564	81.3	32	4.6	98	14.1
MIAMI-FORT LAUDERDALE	109	100.0	94	86.2	3	2.8	12	11.0
MILWAUKEE-RACINE	164	100.0	140	85.4	3	1.8	21	12.8
NEW YORK-NEW JERSEY	1.232	100.0	1.101	89.4	31	2.5	100	8.1
PHILA-WILMINGTON-TRENTON	898	100.0	760	84.6	19	2.1	119	13.3
PITTSBURGH-BEAVER VALLEY	462	100.0	441	95.5	7	1.5	14	3.0
PORTLAND-VANCOUVER	151	100.0	125	82.8	1	.7	25	16.6
SF-OAKLAND-SAN JOSE	399	100.0	239	59.9	12	3.0	148	37.1
SEATTLE-TACOMA	202	100.0	158	78.2	8	4.0	36	17.8

Table 6: Newly Licensed Nurses by CMSA and Activity Status

A large majority (84.3%) of new RNs in CMSAs are employed full-time and an additional 13% are working part-time, 20 hours or more a week. Newly licensed nurses in San Francisco are *least* likely to work full-time and new RNs in Pittsburgh are *most* likely to work full-time.

Table CMSA-7
REASON FOR CHOOSING CURRENT POSITION AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		PRIOR EXPERIENCE		SALARY BENEFITS		REPUTATION OF INSTITUTION		LOCATION		CHOSEN SPECIALTY		SHIFT/HOURS		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	7,846	28.0	2,195	11.9	934	15.9	1,250	12.6	991	32.2	2,527	2.5	198	5.6	443
BOSTON-LAWRENCE-SALEM	100.0	403	30.5	123	13.4	54	19.6	79	11.7	47	26.6	107	1.7	7	5.2	21
BUFFALO-NIAGARA FALLS	100.0	199	34.2	68	11.6	23	13.1	26	16.1	32	28.1	56	2.5	5	4.0	8
CHICAGO-GARY-LAKE CO	100.0	708	28.7	203	12.4	88	16.5	117	14.3	101	26.6	188	2.4	17	5.8	41
CINCINNATI-HAMILTON	100.0	247	34.4	85	10.1	25	10.5	26	10.5	26	35.6	88	2.0	5	5.7	14
CLEVELAND-AKRON-LORAINE	100.0	431	31.1	134	11.1	48	14.6	63	10.7	46	33.9	146	3.2	14	8.1	35
DALLAS-FORT WORTH	100.0	232	19.8	46	9.1	21	13.4	31	9.9	23	46.6	108	3.0	7	4.3	10
DENVER-BOULDER	100.0	160	20.0	32	12.5	20	18.8	30	6.9	11	38.1	61	3.1	5	8.7	15
DETROIT-ANN ARBOR	100.0	603	34.5	208	10.3	62	11.6	70	11.4	69	32.3	195	3.2	19	4.0	24
HOUSTON-GALVESTON-BROZONA	100.0	248	21.4	53	11.3	28	12.1	30	14.5	36	37.1	92	2.4	6	5.2	13
LA-ANAHEIM-RIVERSIDE	100.0	748	24.5	183	13.0	97	16.4	123	12.4	93	36.5	273	2.4	18	6.1	46
MIAMI-FORT LAUDERDALE	100.0	119	30.3	36	12.6	15	11.8	14	12.6	15	31.9	38	5.0	6	7.6	9
MILWAUKEE-RACINE	100.0	172	24.4	42	13.4	23	12.2	21	7.0	12	37.8	65	4.7	8	5.2	9
NEW YORK-NEW JERSEY	100.0	1,324	28.5	378	11.2	148	18.1	239	14.7	194	28.9	382	2.6	34	5.4	72
PHILA-WILMINGTON-TRENTON	100.0	967	27.9	270	11.0	106	16.4	159	12.6	122	32.1	310	2.5	24	5.9	57
PITTSBURGH-BEAVER VALLEY	100.0	484	28.1	136	15.1	73	11.6	56	15.5	75	29.5	143	1.0	5	4.5	22
PORTLAND-VANCOUVER	100.0	162	21.6	35	17.9	29	19.1	31	11.1	18	33.3	54	3.1	5	9.3	15
SF-OAKLAND-SAN JOSE	100.0	428	22.9	98	12.1	52	25.0	107	12.4	53	34.3	147	1.4	6	4.9	21
SEATTLE-TACOMA	100.0	211	30.8	65	10.4	22	13.3	28	8.5	18	35.1	74	3.3	7	5.7	12

Table 7: Reason for Choosing Current Position among Newly Licensed Nurses by CMSA

The primary factor influencing newly licensed nurses in choosing their current position is "opportunity to work in chosen specialty." "Prior experience in the institution" ranked second among the considerations for choosing their current job and "reputation of the institution" ranked third. These three factors head the list in all CMSAs except Buffalo, Cincinnati, Detroit, and Houston where "location" ranked among the top three. In Miami "salary/benefits" outranked "opportunity to work in chosen specialty."

Table CMSA-8

PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES BY CMSA

			EVALUATION OF EMPLOYMENT ORIENTATION									
	TOTAL		EXCELLENT		VERY GOOD		GOOD		FAIR		POOR	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,276	100.0	1,608	22.1	2,179	29.9	1937	26.6	1,008	13.9	399	5.5
BOSTON LAWRENCE SALEM	375	100.0	93	24.8	103	27.5	100	26.7	56	14.9	15	4.0
BUFFALO NIAGARA FALLS	185	100.0	27	14.6	64	34.6	54	29.2	25	13.5	13	7.0
CHICAGO GARY LAKE CO	639	100.0	139	21.8	182	28.5	181	28.3	91	14.2	42	6.6
CINCINNATI HAMILTON	237	100.0	48	20.3	80	33.8	62	26.2	28	11.8	9	3.8
CLEVELAND AKRON LORAINE	396	100.0	76	19.2	106	26.8	117	29.5	69	17.4	26	6.6
DALLAS FORT WORTH	208	100.0	53	25.5	51	24.5	48	23.1	24	11.5	19	9.1
DENVER BOULDER	153	100.0	51	33.3	43	28.1	36	23.5	13	8.5	8	5.2
DETROIT ANN ARBOR	568	100.0	125	22.0	167	29.4	158	27.8	89	15.7	18	3.2
HOUSTON GALVESTON BROZONA	235	100.0	42	17.9	68	28.9	59	25.1	39	16.6	14	6.0
LA ANAHEIM RIVERSIDE	687	100.0	143	20.8	196	28.5	180	26.2	109	15.9	41	6.0
MIAMI FORT LAUDERDALE	109	100.0	25	22.9	29	26.6	33	30.3	17	15.6	3	2.8
MILWAUKEE RACINE	164	100.0	39	23.8	63	38.4	34	20.7	22	13.4	3	1.8
NEW YORK NEW JERSEY	1,228	100.0	239	19.5	349	28.4	377	30.7	174	14.2	61	5.0
PHILA WILMINGTON TRENTON	891	100.0	191	21.4	298	33.4	224	25.1	107	12.0	63	7.1
PITTSBURGH BEAVER VALLEY	461	100.0	112	24.3	131	28.4	120	26.0	65	14.1	30	6.5
PORTLAND VANCOUVER	148	100.0	42	28.4	48	32.4	42	28.4	13	8.8	2	1.4
SF OAKLAND SAN JOSE	392	100.0	113	28.8	130	33.2	79	20.2	39	9.9	18	4.6
SEATTLE TACOMA	200	100.0	50	25.0	71	35.5	33	16.5	28	14.0	14	7.0

Table 8: Perceived Quality of Orientation among Newly Licensed Nurses by CMSA

Over half of the new RNs in CMSAs stated that their orientation was very good or excellent. An additional 26.6% felt their orientation was good. Two percent state they had no orientation at all. Newly licensed nurses in San Francisco and Milwaukee were *more* likely to state that their orientation was very good/excellent whereas those in New York and Cleveland were *less* likely to respond so.

Table CMSA-9
NUMBER OF NURSING JOBS SINCE GRADUATION BY CMSA

			NUMBER OF JOBS SINCE RN LICENSURE							
	TOTAL		FIRST		SECOND		THIRD		FOURTH OR MORE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,342	100.0	5,981	81.5	1,158	15.8	148	2.0	55	.7
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	380	100.0	319	83.9	53	13.9	7	1.8	1	.3
BUFFALO-NIAGARA FALLS	185	100.0	157	84.9	22	11.9	4	2.2	2	1.1
CHICAGO-GARY-LAKE CO	646	100.0	522	80.8	105	16.3	15	2.3	4	.6
CINCINNATI-HAMILTON	238	100.0	188	79.0	42	17.6	8	3.4		
CLEVELAND-AKRON-LORAINE	400	100.0	323	80.7	67	16.7	5	1.2	5	1.2
DALLAS-FORT WORTH	210	100.0	160	76.2	42	20.0	5	2.4	3	1.4
DENVER-BOULDER	154	100.0	120	77.9	28	18.2	5	3.2	1	6
DETROIT-ANN ARBOR	571	100.0	456	79.9	91	15.9	17	3.0	7	1.2
HOUSTON-GALVESTON-BROZONA	236	100.0	172	72.9	53	22.5	7	3.0	4	1.7
LA-ANAHEIM-RIVERSIDE	695	100.0	556	80.0	115	16.5	17	2.4	7	1.0
MIAMI-FORT LAUDERDALE	108	100.0	91	84.3	15	13.9	2	1.9		
MILWAUKEE-RACINE	164	100.0	129	78.7	29	17.7	4	2.4	2	1.2
NEW YORK-NEW JERSEY	1,236	100.0	1,038	84.0	176	14.2	17	1.4	5	4
PHILA-WILMINGTON-TRENTON	900	100.0	750	83.3	140	15.6	8	.9	2	.2
PITTSBURGH-BEAVER VALLEY	463	100.0	382	82.5	64	13.8	14	3.0	3	.6
PORTLAND-VANCOUVER	151	100.0	126	83.4	17	11.3	5	3.3	3	2.0
SF-OAKLAND-SAN JOSE	402	100.0	330	82.1	66	16.4	3	7	3	7
SEATTLE-TACOMA	203	100.0	162	79.8	33	16.3	5	2.5	3	1.5

Table 9: Number of Nursing Jobs Since Graduation by CMSA

After almost one year in the work force, over 80% of newly licensed nurses were still working at their first nursing job. This suggests satisfaction with current employment conditions. Newly licensed nurses in Buffalo and New York City appear to be most stable in their first positions and new RNs in Houston are more likely to be working in their second job since graduation.

Table CMSA-10
EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		SATISFIED		UNSATISFIED	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	6.938	78.0	5.409	22.0	1.529
BOSTON-LAWRENCE-SALEM	100.0	358	81.3	291	18.7	67
BUFFALO-NIAGARA FALLS	100.0	174	70.7	123	29.3	51
CHICAGO-GARY-LAKE CO	100.0	621	74.7	464	25.3	157
CINCINNATI-HAMILTON	100.0	227	77.5	176	22.5	51
CLEVELAND-AKRON-LORAINE	100.0	384	80.2	308	19.8	76
DALLAS-FORT WORTH	100.0	197	85.3	168	14.7	29
DENVER-BOULDER	100.0	142	84.5	120	15.5	22
DETROIT-ANN ARBOR	100.0	550	76.2	419	23.8	131
HOUSTON-GALVESTON-BROZONA	100.0	227	77.5	176	22.5	51
LA-ANAHEIM-RIVERSIDE	100.0	649	74.6	484	25.4	165
MIAMI-FORT LAUDERDALE	100.0	98	75.5	74	24.5	24
MILWAUKEE-RACINE	100.0	152	82.2	125	17.8	27
NEW YORK-NEW JERSEY	100.0	1.164	76.5	891	23.5	273
PHILA-WILMINGTON-TRENTON	100.0	839	78.9	662	21.1	177
PITTSBURGH-BEAVER VALLEY	100.0	439	72.2	317	27.8	122
PORTLAND-VANCOUVER	100.0	146	89.0	130	11.0	16
SF-OAKLAND-SAN JOSE	100.0	381	84.3	321	15.7	60
SEATTLE-TACOMA	100.0	190	84.2	160	15.8	30

Table 10: Employment Satisfaction among Newly Licensed Nurses by CMSA

Of all new RNs working in CMSAs, 78% are satisfied in their current position. RNs are most satisfied in Portland and least satisfied in Buffalo.

Table CMSA-11
MAIN REASON FOR EMPLOYMENT SATISFACTION OF NEWLY LICENSED NURSES BY CMSA

			REASONS FOR SATISFACTION											
	TOTAL		SALARY/BENEFITS		OPPORTUNITY FOR ADVANCEMENT		OPPORTUNITY FOR CONTINUING EDUCATION		WORKING IN DESIRED SPECIALTY		HOURS/SCHEDULE		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	5,409	24.6	1,328	11.4	617	13.8	749	48.0	2,595	22.1	1,194	5.7	310
BOSTON-LAWRENCE-SALEM	100.0	291	29.6	86	15.8	46	12.7	37	38.8	113	17.2	50	7.9	23
BUFFALO-NIAGARA FALLS	100.0	123	22.8	28	10.6	13	12.2	15	49.6	61	19.5	24	4.1	5
CHICAGO-GARY-LAKE CO	100.0	464	20.0	93	10.6	49	13.1	61	43.5	202	23.5	109	7.1	33
CINCINNATI-HAMILTON	100.0	176	15.3	27	8.5	15	11.4	20	63.6	112	21.6	38	4.0	7
CLEVELAND-AKRON-LORAINE	100.0	308	27.6	85	8.8	27	11.4	35	48.4	149	20.8	64	3.9	12
DALLAS-FORT WORTH	100.0	168	17.3	29	8.9	15	15.5	26	58.9	99	24.4	41	3.6	6
DENVER-BOULDER	100.0	120	16.7	20	10.0	12	12.5	15	52.5	63	22.5	27	5.8	7
DETROIT-ANN ARBOR	100.0	419	20.3	85	8.6	36	10.0	42	51.8	217	23.2	97	5.0	21
HOUSTON-GALVESTON-BROZONA	100.0	176	21.6	38	13.1	23	13.1	23	51.1	90	25.0	44	3.4	6
LA-ANAHEIM-RIVERSIDE	100.0	484	25.2	122	14.3	69	14.3	69	49.6	240	23.3	113	7.2	35
MIAMI-FORT LAUDERDALE	100.0	74	25.7	19	17.6	13	21.6	16	41.9	31	21.6	16	4.1	3
MILWAUKEE-RACINE	100.0	125	20.8	26	8.0	10	12.0	15	51.2	64	20.8	26	8.8	11
NEW YORK-NEW JERSEY	100.0	891	28.8	257	12.0	107	15.7	140	44.7	398	25.1	224	4.8	43
PHILA-WILMINGTON-TRENTON	100.0	662	24.3	161	9.5	63	15.9	105	46.5	308	22.8	151	4.7	31
PITTSBURGH-BEAVER VALLEY	100.0	317	27.1	86	13.6	43	13.6	43	45.4	144	16.1	51	3.5	11
PORTLAND-VANCOUVER	100.0	130	26.2	34	11.5	15	13.1	17	46.2	60	18.5	24	12.3	16
SF-OAKLAND-SAN JOSE	100.0	321	29.3	94	15.0	48	15.9	51	51.4	165	19.3	62	7.8	25
SEATTLE-TACOMA	100.0	160	23.7	38	8.1	13	11.9	19	49.4	79	20.6	33	9.4	15

Table 11: Main Reason for Employment Satisfaction of Newly Licensed Nurses by CMSA

New RNs in CMSAs cite "opportunity to work in desired specialty" as the primary source of satisfaction with their current position. "Salary/benefits" and "flexible hours/schedule" rank second and third among newly licensed nurses employed in metropolitan areas. Interestingly, "opportunity for continuing education" ranks third in Miami.

Table CMSA-12
MAIN REASON FOR EMPLOYMENT DISSATISFACTION OF NEWLY LICENSED NURSES BY CMSA

	TOTAL		REASONS FOR DISSATISFACTION									
			INADEQUATE SALARY		POOR WORKING CONDITIONS		UNSATISFYING STAFF RELATIONS		SKILLS UNDERUTILIZED		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	1,529	29.2	447	48.3	739	28.0	428	10.4	159	14.9	228
BOSTON-LAWRENCE-SALEM	100.0	67	22.4	15	52.2	35	23.9	16	19.4	13	16.4	11
BUFFALO-NIAGARA FALLS	100.0	51	31.4	16	52.9	27	31.4	16	9.8	5	13.7	7
CHICAGO-GARY-LAKE CO	100.0	157	39.5	62	47.1	74	24.8	39	5.1	8	14.6	23
CINCINNATI-HAMILTON	100.0	51	37.3	19	31.4	16	25.5	13	13.7	7	7.8	4
CLEVELAND-AKRON-LORAINE	100.0	76	23.7	18	50.0	38	27.6	21	9.2	7	15.8	12
DALLAS-FORT WORTH	100.0	29	37.9	11	55.2	16	20.7	6	13.8	4	6.9	2
DENVER-BOULDER	100.0	22	22.7	5	54.5	12	18.2	4	13.6	3	13.6	3
DETROIT-ANN ARBOR	100.0	137	35.9	47	40.5	53	34.4	45	7.6	10	16.8	22
HOUSTON-GALVESTON-BROZONA	100.0	51	43.1	22	37.3	19	17.6	9	7.8	4	19.6	10
LA-ANAHEIM-RIVERSIDE	100.0	165	34.5	57	49.1	81	27.3	45	10.9	18	17.6	29
MIAMI-FORT LAUDERDALE	100.0	24	25.0	6	58.3	14	16.7	4	4.2	1	16.7	4
MILWAUKEE-RACINE	100.0	27	44.4	12	29.6	8	25.9	7	3.7	1	18.5	5
NEW YORK-NEW JERSEY	100.0	273	23.4	64	50.9	139	34.8	95	15.0	41	11.0	30
PHILA-WILMINGTON-TRENTON	100.0	177	16.9	30	47.5	84	27.7	49	9.0	16	19.2	34
PITTSBURGH-BEAVER VALLEY	100.0	122	28.7	35	52.5	64	31.1	38	5.7	7	13.1	16
PORTLAND-VANCOUVER	100.0	16	18.8	3	68.8	11	6.3	1	37.5	6	12.5	2
SF-OAKLAND-SAN JOSE	100.0	60	28.3	17	58.3	35	20.0	12	10.0	6	16.7	10
SEATTLE-TACOMA	100.0	30	26.7	8	43.3	13	26.7	8	6.7	2	13.3	4

Table 12: Main Reason For Employment Dissatisfaction of Newly Licensed Nurses by CMSA

Newly licensed nurses stating dissatisfaction with their current position cite "poor working conditions" (forced rotation, poor scheduling, etc.) as the primary source of their discontent. "Inadequate salary" and "unsatisfying staff relations" ranked second and third. All CMSAs followed the same general pattern except Cincinnati and Houston where "inadequate salary" ranked first and Portland where "skills underutilized" placed third.

Table CMSA-13
RACIAL–ETHNIC BACKGROUND OF NEWLY LICENSED NURSES BY CMSA

	TOTAL		WHITE		BLACK		HISPANIC		ASIAN		AMERICAN INDIAN	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	6,311	87.0	457	6.3	255	3.5	211	2.9	22	.3
BOSTON-LAWRENCE-SALEM	370	100.0	354	95.7	10	2.7	2	.5	4	1.1	0	0.0
BUFFALO-NIAGARA FALLS	188	100.0	177	94.1	7	3.7	3	1.6	1	.5	0	0.0
CHICAGO-GARY-LAKE CO	641	100.0	543	84.7	54	8.4	16	2.5	27	4.2	1	.2
CINCINNATI-HAMILTON	239	100.0	229	95.8	5	2.1	1	.4	3	1.3	1	.4
CLEVELAND-AKRON-LORAINE	393	100.0	372	94.7	16	4.1	3	.8	2	.5	0	0.0
DALLAS-FORT WORTH	204	100.0	180	88.2	17	8.3	5	2.5	2	.8	0	0.0
DENVER-BOULDER	149	100.0	139	93.3	4	2.7	5	3.4	1	.7	0	0.0
DETROIT-ANN ARBOR	564	100.0	522	92.6	31	5.5	4	.7	6	1.1	1	.2
HOUSTON-GALVESTON-BROZONA	233	100.0	194	83.3	26	11.2	7	3.0	5	2.1	1	.4
LA-ANAHEIM-RIVERSIDE	685	100.0	490	71.5	38	5.5	90	13.1	62	9.1	5	.7
MIAMI-FORT LAUDERDALE	107	100.0	73	68.2	17	15.9	16	15.0	0	0.0	1	.9
MILWAUKEE-RACINE	162	100.0	147	90.7	11	6.8	1	.6	2	1.2	1	.6
NEW YORK-NEW JERSEY	1,207	100.0	961	79.6	151	12.5	64	5.3	29	2.4	2	.2
PHILA-WILMINGTON-TRENTON	882	100.0	822	93.2	41	4.6	11	1.2	8	.9	0	0.0
PITTSBURGH-BEAVER VALLEY	464	100.0	454	97.8	7	1.5	1	.2	2	.4	0	0.0
PORTLAND-VANCOUVER	153	100.0	141	92.2	1	.7	1	.7	7	4.6	3	2.0
SF-OAKLAND-SAN JOSE	412	100.0	324	78.6	17	4.1	23	5.6	44	10.7	4	1.0
SEATTLE-TACOMA	203	100.0	189	93.1	4	2.0	2	1.0	6	3.0	2	1.0

Table 13: Racial-Ethnic Background of Newly Licensed Nurses by CMSA

Great diversity exists in the racial-ethnic composition of newly licensed nurses in metropolitan areas. Portland, Cincinnati, and Boston are the least diverse and Miami is the most diverse.

Table CMSA-14
MARITAL STATUS OF NEWLY LICENSED NURSES BY CMSA

	TOTAL		NEVER MARRIED		MARRIED		SEPARATED/DIVORCED		WIDOWED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	3,145	43.3	3,218	44.3	840	11.6	53	.7
BOSTON-LAWRENCE-SALEM	370	100.0	205	55.4	128	34.6	34	9.2	3	.8
BUFFALO-NIAGARA FALLS	188	100.0	83	44.1	74	39.4	28	14.9	3	1.6
CHICAGO-GARY-LAKE CO	641	100.0	299	46.6	274	42.7	65	10.1	3	.5
CINCINNATI-HAMILTON	239	100.0	82	34.3	133	55.6	23	9.6	1	.4
CLEVELAND-AKRON-LORAINE	393	100.0	174	44.3	180	45.8	38	9.7	1	.3
DALLAS-FORT WORTH	204	100.0	50	24.5	122	59.8	26	12.7	6	2.9
DENVER-BOULDER	149	100.0	36	24.2	81	54.4	32	21.5	0	0.0
DETROIT-ANN ARBOR	564	100.0	212	37.6	282	50.0	69	12.2	1	.2
HOUSTON-GALVESTON-BROZONA	233	100.0	39	16.7	153	65.7	40	17.2	1	.4
LA-ANAHEIM-RIVERSIDE	685	100.0	236	34.5	348	50.8	96	14.0	5	.7
MIAMI-FORT LAUDERDALE	107	100.0	46	43.0	42	39.3	19	17.8	0	0.0
MILWAUKEE-RACINE	162	100.0	77	47.5	68	42.0	16	9.9	1	.6
NEW YORK-NEW JERSEY	1,207	100.0	644	53.4	439	36.4	115	9.5	9	.7
PHILA-WILMINGTON-TRENTON	882	100.0	446	50.6	345	39.1	84	9.5	7	.8
PITTSBURGH-BEAVER VALLEY	464	100.0	243	52.4	163	35.1	54	11.6	4	.9
PORTLAND-VANCOUVER	153	100.0	49	32.0	77	50.3	26	17.0	1	.7
SF-OAKLAND-SAN JOSE	412	100.0	162	39.3	196	47.6	51	12.4	3	.7
SEATTLE-TACOMA	203	100.0	62	30.5	113	55.7	24	11.8	4	2.0

Table 14: Marital Status of Newly Licensed Nurses by CMSA

CMSAs can be divided into three major categories: (1) those where the "never married" prevail (Boston, New York, Philadelphia, Pittsburgh), (2) those where the "married" dominate (Cincinnati, Dallas, Boulder, Detroit, Houston, Los Angeles, Portland, San Francisco, and Seattle), and (3) those where almost equal proportions of married and singles reside (Buffalo, Chicago, Cleveland, Miami, Milwaukee).

Table CMSA-15
PRESENCE OF CHILDREN AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		HAS CHILDREN		HAS NO CHILDREN	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	2,806	38.7	4,450	61.3
BOSTON-LAWRENCE-SALEM	370	100.0	107	28.9	263	71.1
BUFFALO-NIAGARA FALLS	188	100.0	69	36.7	119	63.3
CHICAGO-GARY-LAKE CO	641	100.0	241	37.6	400	62.4
CINCINNATI-HAMILTON	239	100.0	109	45.6	130	54.4
CLEVELAND-AKRON-LORAINE	393	100.0	140	35.6	253	64.4
DALLAS-FORT WORTH	204	100.0	91	44.6	113	55 [illegible]
DENVER-BOULDER	149	100.0	76	51.0	73	49.0
DETROIT-ANN ARBOR	564	100.0	233	41.3	331	58.7
HOUSTON-GALVESTON-BROZONA	233	100.0	138	59.2	95	40.8
LA-ANAHEIM-RIVERSIDE	685	100.0	312	45.5	373	54.5
MIAMI-FORT LAUDERDALE	107	100.0	35	32.7	72	67.3
MILWAUKEE-RACINE	162	100.0	57	35.2	105	64.8
NEW YORK-NEW JERSEY	1,207	100.0	411	34.1	796	65.9
PHILA-WILMINGTON-TRENTON	882	100.0	311	35.3	571	64.7
PITTSBURGH-BEAVER VALLEY	464	100.0	159	34.3	305	65.7
PORTLAND-VANCOUVER	153	100.0	61	39.9	92	60.1
SF-OAKLAND-SAN JOSE	412	100.0	165	40.0	247	60.0
SEATTLE-TACOMA	203	100.0	91	44.8	112	55.2

Table 15: Presence of Dependent Children Among Newly Licensed Nurses by CMSA

In most CMSAs, a larger proportion of new RNs have no dependent children living at home. In Cincinnati, Denver, Los Angeles and Seattle, the proportion of new RNs with and without dependent children at home is about equal.

Table CMSA-16
AGE OF NEWLY LICENSED NURSES BY METROPOLITAN AREA OF RESIDENCE

	NUMBER	MEAN AGE	STD DEV
GRAND TOTAL	14,335	31.4	8.09
METROPOLITAN AREA			
BOSTON-LAWRENCE-SALEM	387	29.6	7.53
BUFFALO-NIAGARA FALLS	188	29.9	7.57
CHICAGO-GARY-LAKE CO	655	30.0	7.92
CINCINNATI-HAMILTON	244	31.3	8.30
CLEVELAND-AKRON-LORAINE	405	30.8	7.99
DALLAS-FORT WORTH	208	32.5	8.44
DENVER-BOULDER	153	32.2	7.58
DETROIT-ANN ARBOR	574	31.1	7.92
HOUSTON-GALVESTON-BROZONA	239	34.2	7.73
LA-ANAHEIM-RIVERSIDE	702	31.8	7.74
MIAMI-FORT LAUDERDALE	107	29.7	7.57
MILWAUKEE-RACINE	165	29.6	6.93
NEW YORK-NEW JERSEY	1,237	29.9	8.06
PHILA-WILMINGTON-TRENTON	902	29.1	7.39
PITTSBURGH-BEAVER VALLEY	466	30.0	8.10
PORTLAND-VANCOUVER	153	32.5	8.00
SF-OAKLAND-SAN JOSE	416	32.3	7.63
SEATTLE-TACOMA	207	31.5	7.00
NON-METROPOLITAN AREAS	6,927	32.2	8.23

Table 16: Age of Newly Licensed Nurses by CMSA

The average age of newly licensed nurses in metropolitan areas is 31. The mean age is lowest in Philadelphia, Boston, Miami, and Milwaukee. On average, new RNs are oldest in Houston with a mean age of over 34.

Table CMSA-17
MEAN FULL-TIME SALARIES OF NEWLY LICENSED NURSES BY CMSA

	SALARY	
	MEAN SALARY	STD DEV
GRAND TOTAL	$23,504.3	$ 9,213
METROPOLITAN AREA		
BOSTON-LAWRENCE-SALEM	26,830.8	9,995
BUFFALO-NIAGARA FALLS	21,504.1	8,192
CHICAGO-GARY-LAKE CO	23,211.1	8,194
CINCINNATI-HAMILTON	21,052.0	8,626
CLEVELAND-AKRON-LORAINE	24,082.8	8,641
DALLAS-FORT WORTH	23,872.6	9,519
DENVER-BOULDER	23,059.0	7,541
DETROIT-ANN ARBOR	23,848.4	9,131
HOUSTON-GALVESTON-BROZONA	24,249.6	8,950
LA-ANAHEIM-RIVERSIDE	27,499.1	11,054
MIAMI-FORT LAUDERDALE	25,612.8	8,536
MILWAUKEE-RACINE	21,585.4	7,555
NEW YORK-NEW JERSEY	29,168.3	10,363
PHILA-WILMINGTON-TRENTON	26,911.0	9,218
PITTSBURGH-BEAVER VALLEY	23,571.5	7,651
PORTLAND-VANCOUVER	22,875.1	9,147
SF-OAKLAND-SAN JOSE	27,137.5	12,012
SEATTLE-TACOMA	21,702.6	8,705
NON-METROPOLITAN AREAS	21,391.5	8,011

Table 17: Mean Full-Time Salaries of Newly Licensed Nurses by CMSA

The highest average full-time salaries among newly licensed nurses residing in cities are found in the New York City metropolitan area and the San Francisco Bay area. The lowest average salaries are found in Buffalo and Seattle. Salaries of new RNs living in non-metropolitan areas are considerably lower than those of their urban counterparts.

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PREFACE

Licensed to Care: An Executive Report of the New Nurse is the culmination of an extraordinary effort to capture and present the exemplary experiences of the nation's newly licensed nurses. In response to the urgent need for accurate data on the nursing supply, the National League for Nursing has taken the lead in analyzing the current condition of America's contemporary cohort of new nurses by conducting the survey of newly licensed nurses. The study was designed to collect information that can be effectively utilized by nurse executives in recruiting and retaining registered nurses. It offers in-depth data necessary to ascertain their demographic characteristics, to assess their employment experiences and evaluate their educational backgrounds.

The strength of the study and the resulting data is based on its sound methodological approach. First, the sheer number of respondents, over 28,000 new RNs, assure statistically significant data. Additionally, the excellent national and regional response rates guarantee that the data are comprehensive and reliable.

Many individuals at NLN were involved in the coordination, design, and production of the study and its resulting publications. Special thanks are due to Kathy Kaufman and Jill Hodge, Research Coordinators, for their contributions in data analysis and graphics.

Peri Rosenfeld, PhD
Vice President
Division of Research

Section 1
Executive Summary

EXECUTIVE SUMMARY

INTRODUCTION

The Nursing Shortage: How Do New RNs Fit In?

Recent developments have forced employers of health care professionals, policymakers, and the public to seriously evaluate and understand the status of nursing within the changing health care climate. Greater emphasis on cost containment, the scarcity of nurses and other providers, and the mushrooming of out-of-hospital health care delivery are just three major transformations that are responsible for the current focus on nurses in the health industry.

The key words in modern health care are cost containment and home care and nursing is a primary component for the success of both. While nurses are at the center of change they have not always been involved in providing the solutions. The current nursing shortage has altered that situation and thrust nursing into a new role within the health care system.

More importantly, the recent nursing shortage has sent a strong message to the health care industry and others that nursing is a scarce resource whose numbers cannot be taken for granted. Indeed, despite consistent increases in the *supply* of RNs, the health care system continues to demand more.

The solution to the shortage is not the *numbers* of nurses but the *proper utilization* of nurses. Nurses are already the largest group of health care providers with over 2 million RNs in the contemporary supply. When RNs are treated as autonomous professionals and not required to perform tasks that are best undertaken by paraprofessional or other health care workers, the number of RNs required for proper care is diminished. In other words, the shortage is the result of increased demand for RNs, and that increased demand is the result of inappropriate utilization of RNs by their employers. As the Secretary's Commission on Nursing concluded,

> ". . . the current nurse shortage is primarily the result of a rapidly-increasing demand for RNs. Some of this increased demand for RNs is a rising because health care delivery organizations are compensating for reductions in non-nursing staff, both clinical and non-clinical—as well as in other categories of nursing personnel . . . These recommendations call for the provision of adequate support services for nurses,utilization of the most appropriate mix of nursing personnel . . . and improvement in the internal management of nurse resources . . . ." (Secretary's Commission on Nursing, 1989).

The future outlook for health care, therefore, is related to the future of nursing, and the brightest signpost for the future is the newest crop of RNs. This cadre of new licensees provides us with a window to the future of nursing and health care. *Licensed to Care: An Executive Report of New Nurses* was designed as a tool for administrators to help them better appreciate the experiences, attitudes and characteristics of the new nurse. The data contained in this report will assist in planning for the contemporary and future demand for nurses. Because each geographic region is unique in terms of its demographic and economic characteristics, each volume of *Licensed to Care* will focus on one census region as it compares to the national perspective.

Research Design and Response Rate

In March 1990, eight months after obtaining RN licensure, all newly licensed registered nurses were sent a survey to identify their demographic characteristics, assess their educational background, and examine their employment experiences. Prior to sending the survey to the field, each state board of nursing except New Hampshire and Hawaii granted permission for the release of the names and addresses of their new licensees to the National League for Nursing.

After three mailings a total of 28,147 completed surveys were received representing an excellent response rate of 64% nationwide. Response rates for the individual states varied from a high of 76% in Maryland and New Jersey to a low of 52% in Alabama. Among the largest states—New York, California, Illinois, Texas—response rates fluctuated in the high 60% range. In view of the fact that these response rates reflect the **universe of new RNs and not a sample**, these figures are extremely respectable and confirm the reliability and validity of these data.

Educational Profile of the Newly Licensed Nurse

A Short History of Nursing Education Programs

The history of nursing education is replete with struggles between those who argue that the proper setting for nursing preparation is in institutions of higher learning and those considering the hospital the appropriate place for nursing education. The trend toward college preparation has triumphed as evidenced by the decline in numbers of diploma programs and the spiraling surge in associate degree and baccalaureate programs. Despite the cyclical nature of nursing shortages, there has been continual growth in the *number* of educational programs for nurses with the current figure hovering around 1,450.

Type of nursing education and geographic location are the two most powerful variables in explaining differences among nurses in general and new RNs in particular. Historically the newest form of nursing education, associate degree programs now comprise the majority—over 60%—of nursing preparation programs in America. Diploma programs, which predominated for most of nursing's illustrious history, are now the minority—less than 10 %—while the proportion of basic baccalaureate programs has remained essentially stable at about one-third of the total throughout the last century.

The Significance of Nursing Education Programs

The ratio of associate degree programs vis a vis diploma and baccalaureate programs varies from region to region. It is noteworthy that the remaining number of diploma programs are concentrated in the north eastern portion of the nation and the number of associate degree programs grows as one moves westward. The proportion of basic baccalaureate programs is highest in the New England region and hovers around the 30% mark in all other locations.

In regard to educational preparation, the cohort of recent graduates is *not*, however, a mirror image of the current nursing supply. According to the *1988 RN Sample Survey* conducted by the Department of Health and Human Services, diploma graduates comprise approximately 40% of the nation's nursing supply, associate degree graduates represent 25% and baccalaureate,25%. In the *1977 Sample Survey*, 67% of the supply was prepared at the diploma level, 11% at the associate degree level, and 18%,baccalaureate. This confirms that the growth in associate degree programs is having an impact on the general supply.

Another significant characteristic emerges in understanding the educational backgrounds of new RNs. A greater proportion of the contemporary cohort has had experience in the health care delivery system prior to RN licensure. Almost one-third of the new RNs had practiced as licensed practical/vocational nurses, and a significant percentage of these individuals *returned to their previous employer as RNs*. A closer look at these data reveals that over 40% of the associate degree graduates had previously practiced as LPN/LVNs, almost 20% of the diploma graduates had previous LPN/LVN experience and less than 10% of the baccalaureate alumni were previously LPN/LVNs.

The implications of these data are noteworthy for several reasons. First, it is evident that RN licensure is a measure of career mobility for many already employed in the health care system. For the nursing executive this suggests that continuing education can be a powerful factor in retaining exemplary employees working as paraprofessionals. These individuals already acclimated to the institution and its unique milieu usually return to repay their employers with many years of dedicated service. Second, as a recruitment strategy, nursing educators may target LPN/LVNs as potential students in their programs.

Advancement of LPN/LVNs to RN licensure offers interesting opportunities and challenges to both the executive and the employee. Many new nurses who took the time to write us were new RNs who were previously employed as LPN/LVNs. They voiced concerns about the loss of seniority when they became RNs. Often they were forced to work undesirable shifts, and their salaries were only nominally better than they had been as LPN/LVNs. Most often they protested the treatment they received from their new colleagues who, remembering them as paraprofessionals, questioned their capabilities as RNs. In short, executives must be aware of both the positive and negative aspects of advancement from LPN/LVN to RN.

The Many Faces of Newly Licensed Nurses

Data on the demographic characteristics of the newly licensed nurses are perhaps the most vital information needed to recruit and retain employees. Variables such as marital status, presence of dependent children, and age all have important implications relative to scheduling, activity status, and the desirability of child care as possible benefits at your institution. Understanding the potential applicant pools from which your new nurses are recruited will place you in a better position to offer the benefits and working environment that are most attractive to today's new nurses.

While associate degree graduates predominate among the contemporary cohort of new RNs, it is important to note that the trend toward associate degree education has profound implications for the future supply of nurses. Associate degree graduates are demographically different from their diploma or baccalaureate counterparts. Most significantly, associate degree alumni are more mature with an average age of almost 34. The typical diploma graduate is approximately 29, and the average baccalaureate graduate is 27.

Not surprisingly, age is related to marital status and the presence of dependent children, and indeed, the majority (over 62%) of new RNs coming from associate degree programs are married and over half have dependent children at home. The comparable figures for diploma graduates show that about equal numbers are married and single, and one-third have children at home. The baccalaureate-prepared new RN is most likely to be single (57%) and childless (80%).

The overwhelming majority of new nurses are white females. Nursing remains the archetypical women's profession with over 94% of its members being female, and there is little variation among the geographic regions. While a large majority (over 90%) of new RNs are white, great variation exists throughout the nation. The largest proportion of blacks is found in the South Atlantic and East South Central regions, and the largest groups of Hispanics, Asians, and American Indians are located in the Pacific region.

Employment Patterns Among New Nurses

Supply and Demand for New RNs

The recent nursing shortage has fostered some damaging myths about the nursing profession. Claims are made that nurses are fleeing from the bedside or quickly "burn out" and seek other careers. Empirically these claims are false for both the general supply of nurses and particularly for the cohort of new RNs. Almost a year after graduation, 98% of new RNs are employed in nursing suggesting strong commitment to the profession. Moreover, the majority of the 2% that are not employed in nursing are voluntarily unemployed because of family obligation or continuing education. It is noteworthy that after almost a year of experience, the majority (81.5%) of new RNs are still employed at their first nursing job.

Several indicators confirm that the demand for new nurses is extraordinarily high. First, a great majority (63%) of new nurses state that "many jobs" were available when they were job hunting. An additional 11% took jobs at the site of their clinical preparation and hence did not job-hunt at all. In a similar vein, over 82% of newly licensed nurses accepted positions *before graduating* from nursing school indicating that early recruitment of senior nursing students is a successful strategy. Indeed, 97% of new graduates found jobs within three months of obtaining licenses.

Employment Profile of the New RN

Despite the rapid growth in home and community health, the vast majority (92%) of new RNs are employed in acute care settings. Just under 4% are employed in long-term care, 2% are working in community/public health, and the remainder hold positions in ambulatory settings such as schools and physician's offices.

Regardless of employment setting, the great majority (85%) of new RNs are working full-time. Even among those working as school nurses or in physicians offices, over three-fourth are considered full-timers. In view of the fact that many have dependent children living at home, these data are impressive reminders of their commitment to nursing.

What attracts a new RN to a particular position? A significant proportion (30%) state the "ability to practice in my chosen specialty" as the number one reason for choosing their current job, and 29% took their present job because of "prior experience in the institution." These data document that new RNs are career-minded and committed to the nursing profession. New RNs seek employment that offers them the practice *they* want, and often they build upon prior experiences to achieve higher status. In short, these newly licensed nurses are not taking the first job they encounter; they are educated, ambitious individuals seeking positions that permit growth and professional satisfaction.

Despite conventional wisdom that nurses are primarily motivated by money, only 11% claim that "salary" was the primary reason for choosing their current position. In fact, "salary" ranked very low on the scale behind "reputation of the institution" and "location".

Starting salaries for nurses vary considerably by region. While the national average for full-timers stood at $25,089 at the completion of the study, the highest average salaries were reported in Connecticut ($32,032), Alaska ($30,102) and New Jersey ($29,277). The lowest mean full-time salaries were reported in North Dakota ($20,282), South Dakota ($20,447), and Iowa ($20,903).

Factors Associated with Job Satisfaction

An astounding 80% of newly licensed nurses claim satisfaction with their current jobs, and almost 50% of them attribute their satisfaction to "working in desired specialty." An additional 25% cite "salary/benefits" as the primary source of their satisfaction.

It is noteworthy that job satisfaction is high among all demographic groups. Some variation, however, does exist. For example, among the different racial-ethnic backgrounds, 80% of the American Indians and Hispanics expressed satisfaction with their current employment, while only 69% of the blacks reported satisfaction. Another interesting finding indicates that rates of satisfaction decrease *slightly* with age. In other words, the younger newly licensed nurses, below age 24, express somewhat greater satisfaction than their older counterparts. Job satisfaction is virtually equal regardless of marital status and presence of children.

A significant plurality (44%) of those dissatisfied with their current position state "poor working conditions" (which include forced overtime, mandatory rotation, etc.) as the primary source of their discontent. "Inadequate salary" ranked second among the reasons for dissatisfaction (31%) and "unsatisfying staff relations" is a very close third (29%).

Indeed, there is some relationship between salary and satisfaction. Those reporting "salary" as their primary source of satisfaction are on average earning more than the other satisfied nurses: $26,513 compared with $25,352. In addition, those stating "inadequate salary" as their primary source of dissatisfaction report lower earnings than other discontented newly licensed nurses: $22,716 compared with $24,305. In short, while salary *per se* is not necessarily the most frequently cited source of satisfaction, it is a good predictor of job satisfaction.

Adequacy of Orientation

Perceived adequacy of orientation engendered some important results, and many respondents chose to remark on their experiences. In general, almost half of the newly licensed nurses evaluated their orientation as excellent or very good. An additional 27% assessed their orientation as good, 15% fair, and 6% poor. Approximately 3% claimed they received *no orientation* at all.

A rigorous content analysis was performed to categorize and analyze the qualitative, i.e., descriptive, data provided by respondents. Assessments of orientation fell into several global categories including: (a) the amount of time devoted to orientation, (b) the staff assigned to orientation, (c) the performance of the preceptor, (d) the amount and quality of the clinical and classroom training, and (e) organization of the orientation program.

Positive evaluations (e.g., "excellent/very good") were most strongly related to the sufficient amount of time devoted to orientation with over 55% of the respondents stating this. Over one-third of the respondents claimed that the performance or abilities of their preceptor contributed to their successful orientation. Smaller groups of new RNs considered their orientation excellent or very good because of "good courses/classroom training" (16.5%) and "good co-workers" (18.5%).

As one might expect, those newly licensed nurses who evaluated their orientation neutrally or negatively ("good/fair/poor") were most likely to assert that the amount of time devoted to orientation was insufficient

(36.5%). "No preceptor/poor preceptor" and "did not learn what I needed" tie for second place among the chief reasons for negative evaluations of orientation.

Closer analysis reveals that the majority of those who received no orientation at all were previously employed as LPN/LVNs. It was this group that was most vocal about their feelings. These new RNs objected to the attitude their administrators seemed to have about them, i.e., an LPN/LVN is already a nurse who needs no special orientation to the RN role.

The growing group of LPN/LVNs advancing to RN licensure presents an instructive illustration of how important it is to clearly distinguish the functions of professional, registered nurses vis- a-vis the technical practical nurse. It is neither desirable nor appropriate to consider the RN as interchangeable with the LPN/LVN. As described above, it is this attitude that "a nurse is a nurse is a nurse" that has contributed to the recent nursing shortage. RNs should not be performing those tasks associated with LPN/LVN licensure and vice versa. It is illegal and the staff resents it.

Adequacy of Nursing Education

A good measure of the success of an individual nursing educational program is how well graduates feel they were prepared for their current employment. A large majority (approximately 90%) of newly licensed nurses from all types of nursing educational programs responded that their classroom experiences prepared them adequately for their current position. While the overall majority responded positively in regard to adequacy of clinical preparation, some variation among the graduates of the different types of educational programs does exist. Over 90% of diploma graduates responded that their clinical preparation was adequate, while smaller groups of associate degree (73%) and baccalaureate (69%) graduates responded affirmatively.

These findings, while disturbing, are not unique. In previous studies of newly licensed nurses, baccalaureate graduates have consistently reported lower rates of satisfaction with their clinical experiences than the graduates of other programs. In an effort to explain this trend, the NLN Division of Research conducted a special study of clinical preparation at the nation's nursing schools in 1989. According to the findings:

> ". . . the issue of professional expectations and the influence of educational philosophies are certainly playing a role in these responses. For if BSN students are educated to perceive themselves as autonomous health care workers in community or public health care, those individuals may feel constrained by the bureaucratic, hierarchical structure of a hospital. And, though new BSNs often choose hospital employment, the dissonance they experience may be so powerful as to affect their perceptions of the adequacy of their education." (Rosenfeld and Kaufman, 1990)

Summary and Conclusion

The findings of the survey of newly licensed nurses offer a wealth of information on the demographic characteristics, educational backgrounds and employment experiences of the nation's newest RNs. There is little doubt that these men and women have entered nursing at an extremely turbulent period when shortages, cost containment efforts, and dislocation within the health care delivery system are rampant. Add to this the "graying of America," the AIDS epidemic and the plethora of health care problems associated with poverty and homelessness, and one recognizes that new nurses must possess a strong commitment to equitable health care and the public good.

As enrollments to nursing schools improve and fear of continued shortages subside, it is time to evaluate some of the strategies recently adopted to recruit and retain nurses to educational programs and to the practice settings. The astronomical growth in associate degree graduates presents both promise and dilemmas for nursing administrators. Clearly, the more mature, married associate degree student is as dedicated to full-time employment as are her diploma and baccalaureate counterparts. Age, however, does affect length of time in the workforce—the older the new graduate the fewer available years in the labor force. It is too soon to tell if this will have a significant impact on future supply.

It is vital that executives appreciate the consequences associated with the influx of LPN/LVNs into RN posi-

tions. No doubt LPN/LVNs are appropriate and desirable candidates for RN licensure. However, the transition from one to the other must not be taken for granted. In areas such as job satisfaction and attitudes toward job orientation, for example, those previously employed as LPN/LVNs expressed displeasure with the treatment they have received.

Clearly, the new crop of RNs are career minded, ambitious individuals committed to patient care and the profession of nursing. They choose positions that offer the ability to work in the specialty *they* desire not just what the institutions demand. They work full-time even if they have small children at home. They are often individuals who have had previous experience in health care and are now building their careers as professional nurses. They are nurses who are serious about health care—it's high time that the health care system recognize and reward them.•

Peri Rosenfeld, PhD
Vice President
Division of Research

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Department of Health & Human Services (1977). *1977 Sample Survey of Registered Nurses*. Washington, DC: Division of Nursing, BHPr, HRSA.

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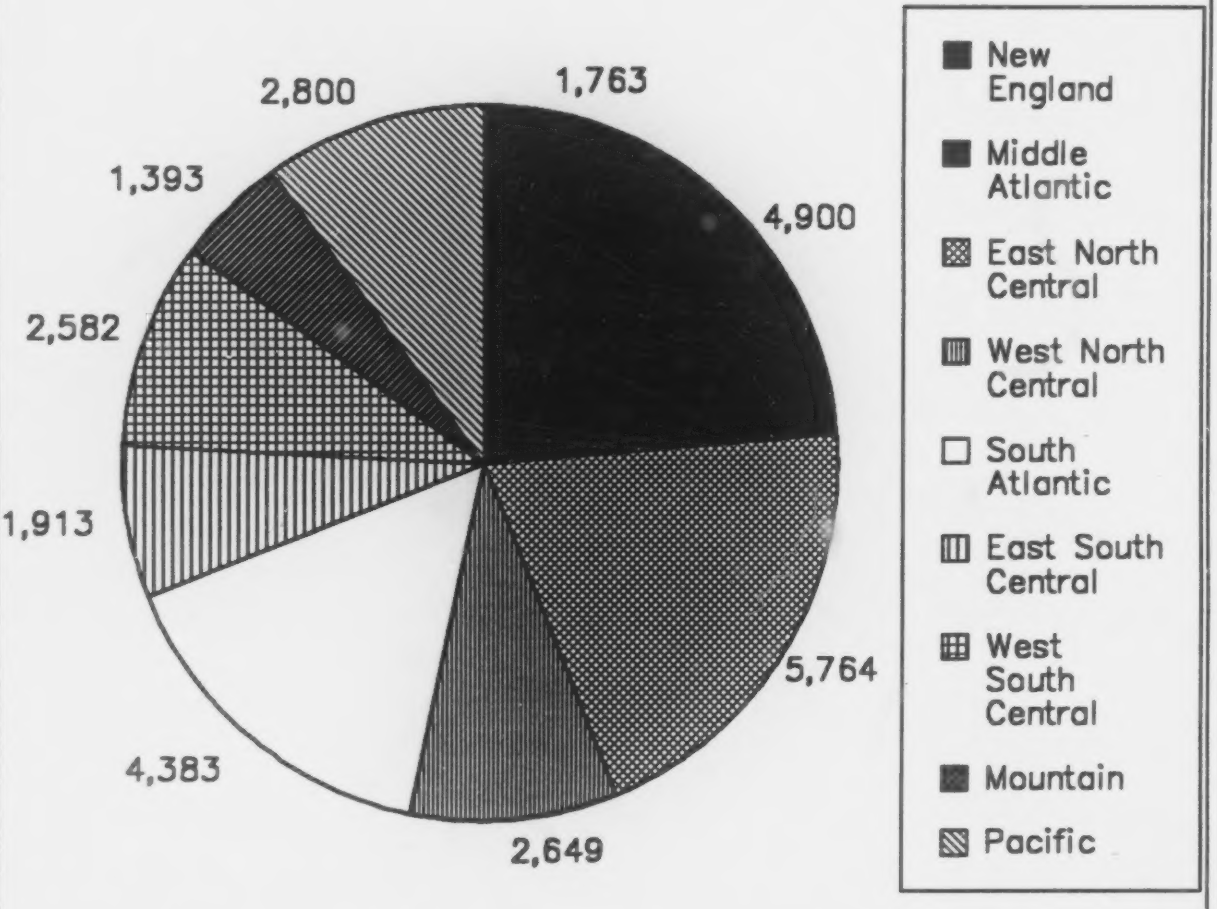
Section 2
Graphs

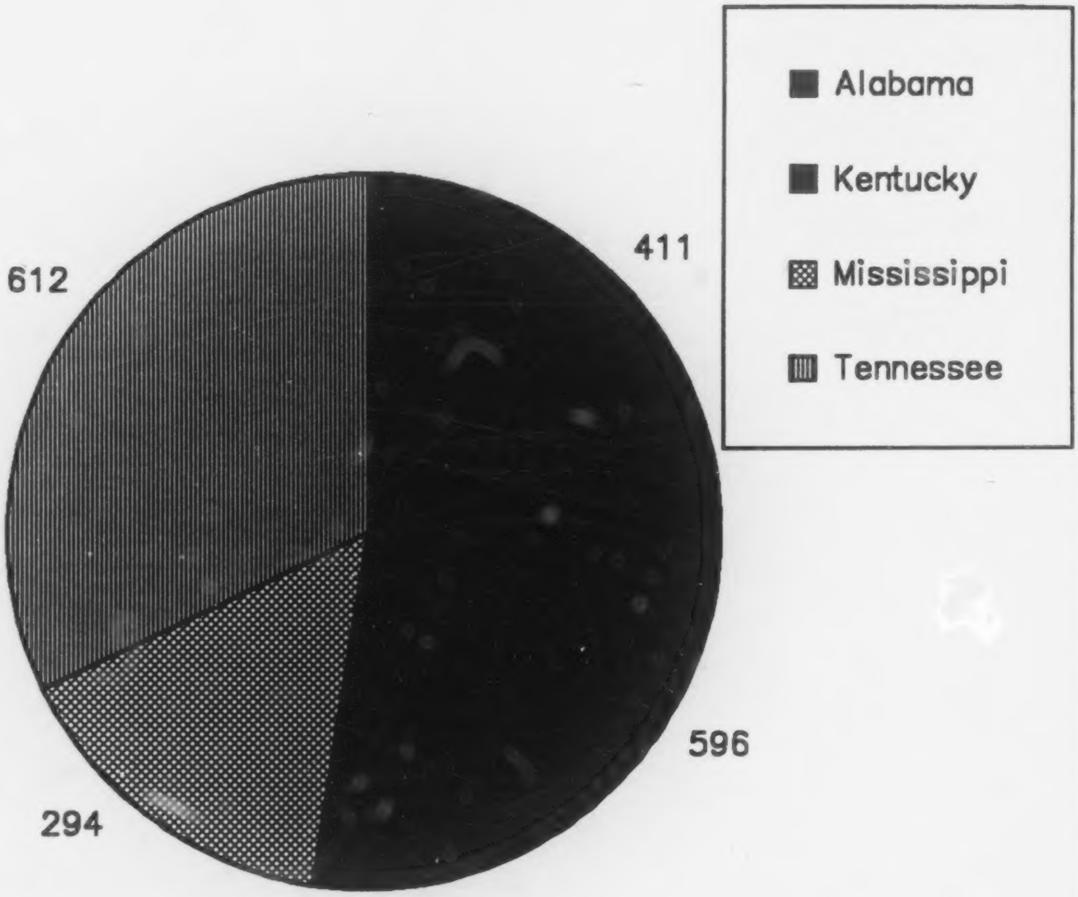
TOTAL NUMBER OF NEWLY LICENSED NURSES

The greatest number of newly licensed nurses reside in the East North Central states (5,764) followed by the Middle Atlantic (4,900). The smallest percentage currently live in the Mountain region (1,393).



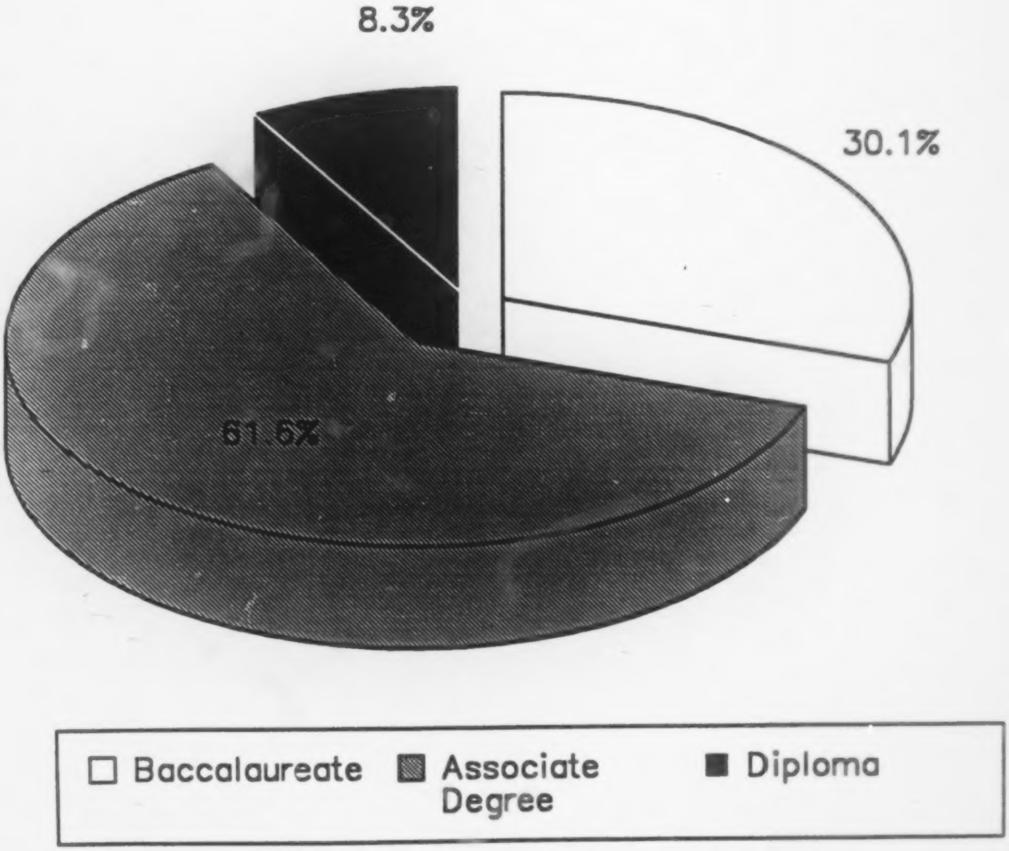
TOTAL NUMBER OF NEWLY LICENSED NURSES
East South Central Region

Tennessee has the largest number of new nurses in the East South Central region followed closely by Kentucky.



NEWLY LICENSED NURSES BY TYPE OF NURSING EDUCATION, 1990

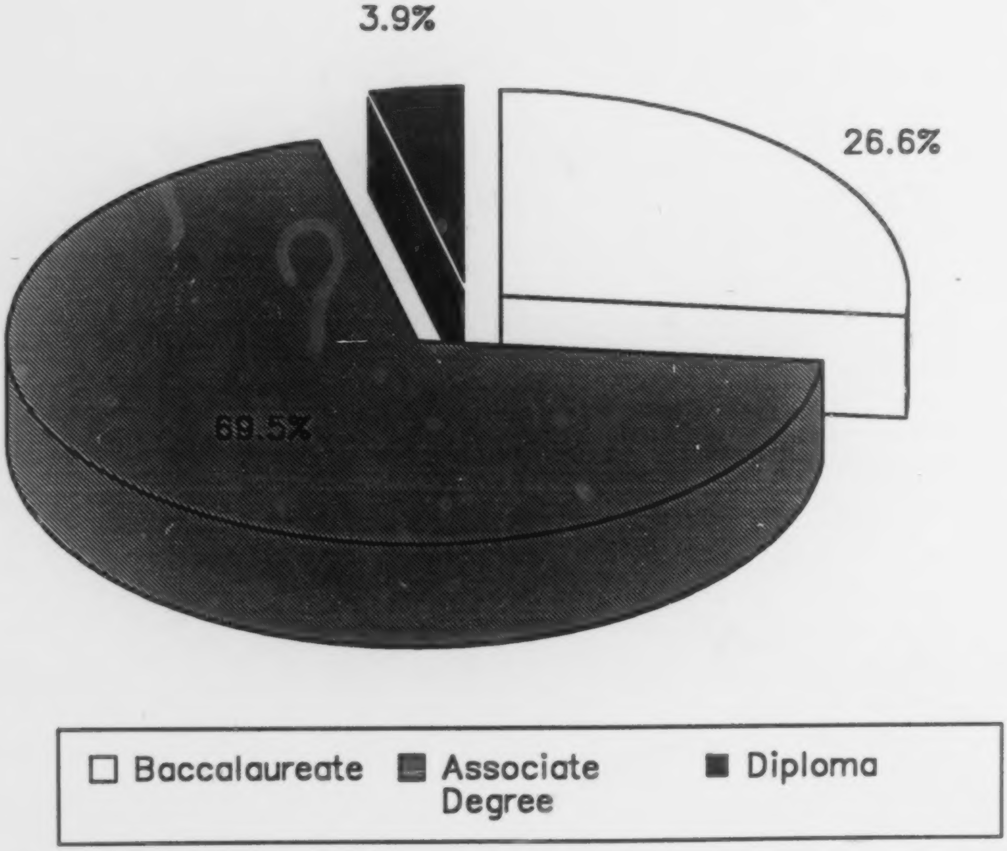
Over 60% of all new nurses have graduated from associate degree programs. Almost a third graduated with a baccalaureate, and just over 8% have diploma degrees.



NEWLY LICENSED NURSES BY TYPE OF NURSING EDUCATION, 1990

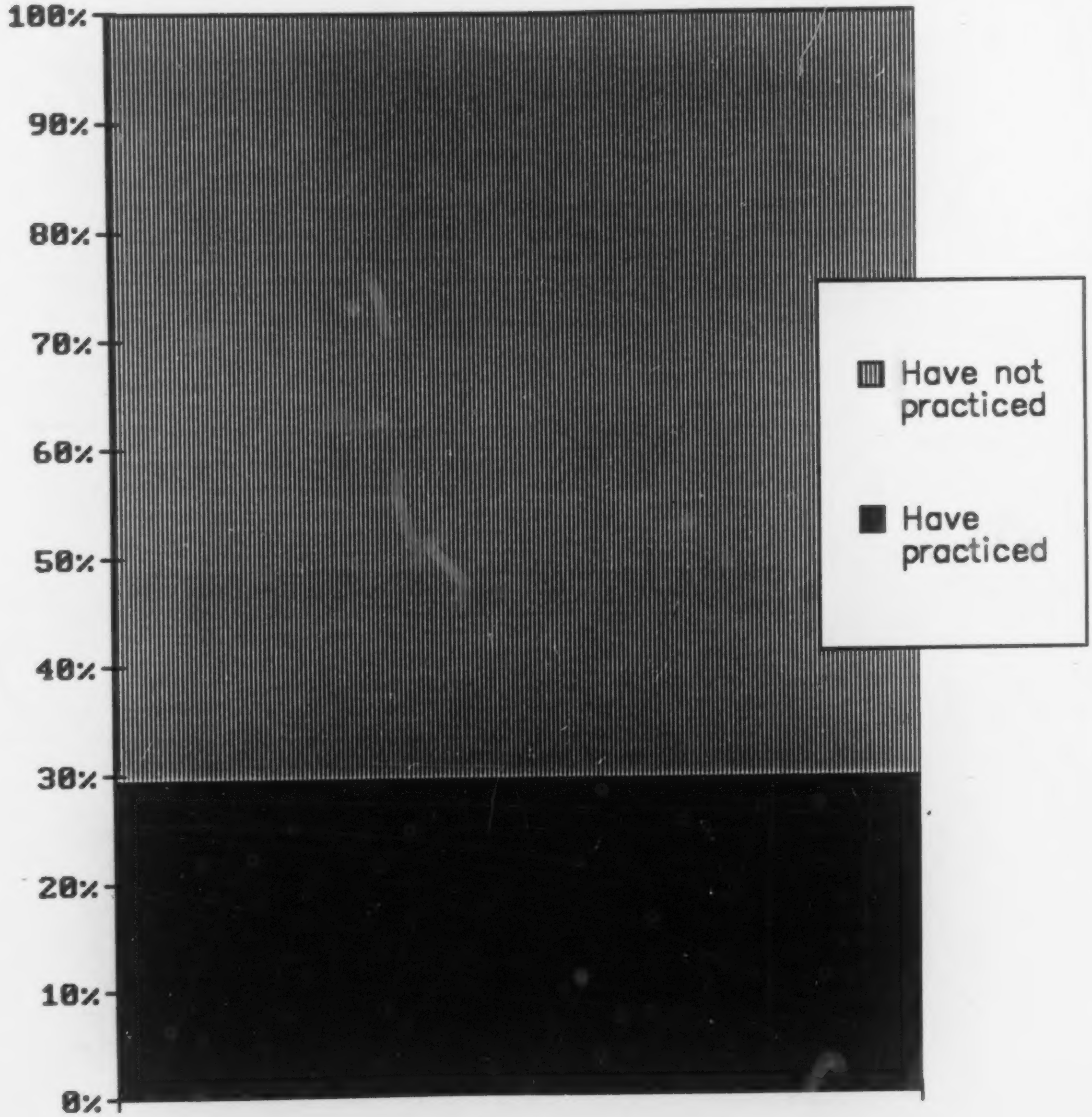
East South Central Region

Over 69% of all new nurses have graduated from associate degree programs. Over a quarter graduated with a baccalaureate, and 3.9% have diploma degrees.



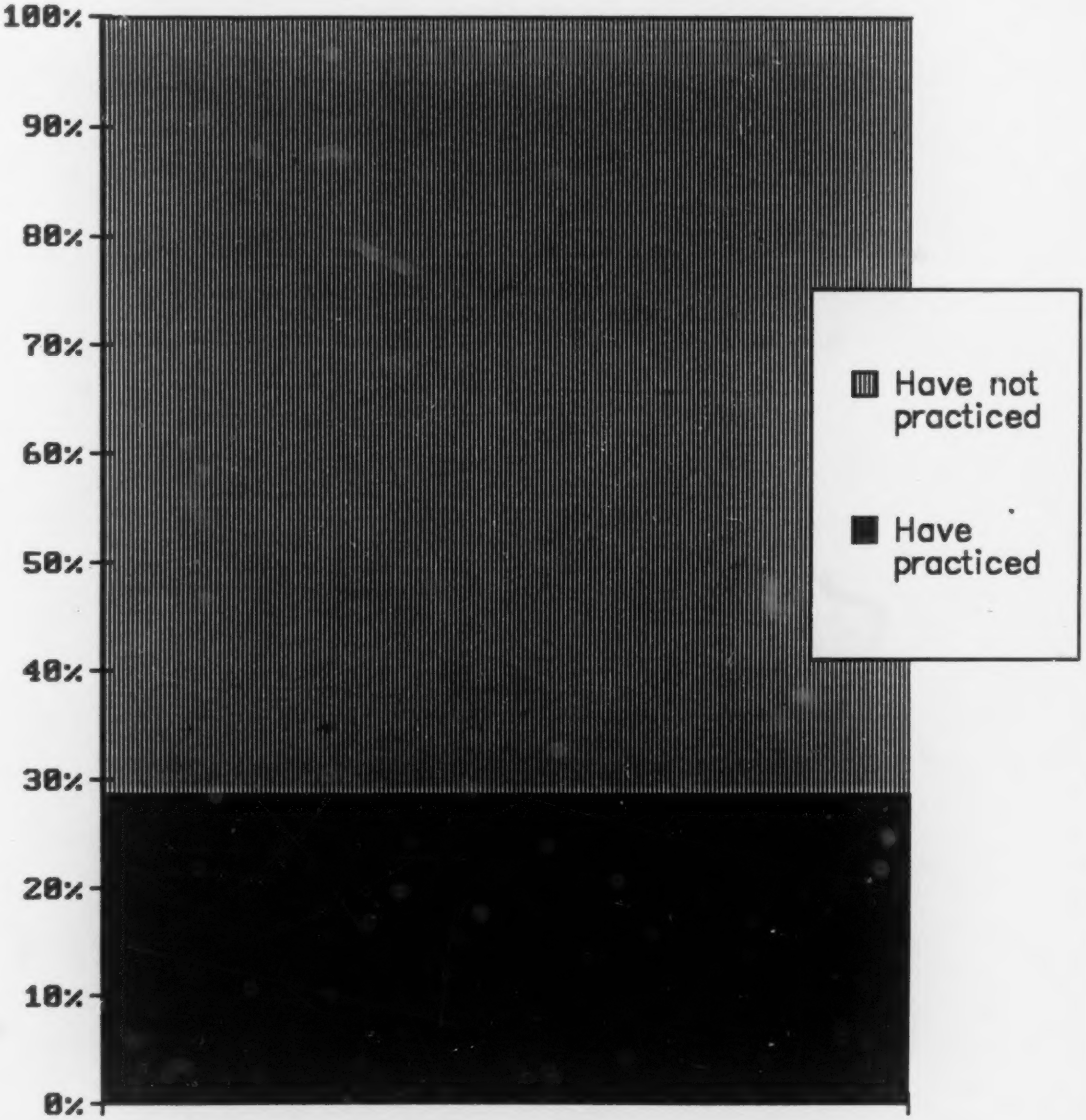
PRIOR LPN/LVN PRACTICE AMONG NEWLY LICENSED NURSES

Almost one-third of all newly licensed nurses have practiced as LPNs/LVNs.



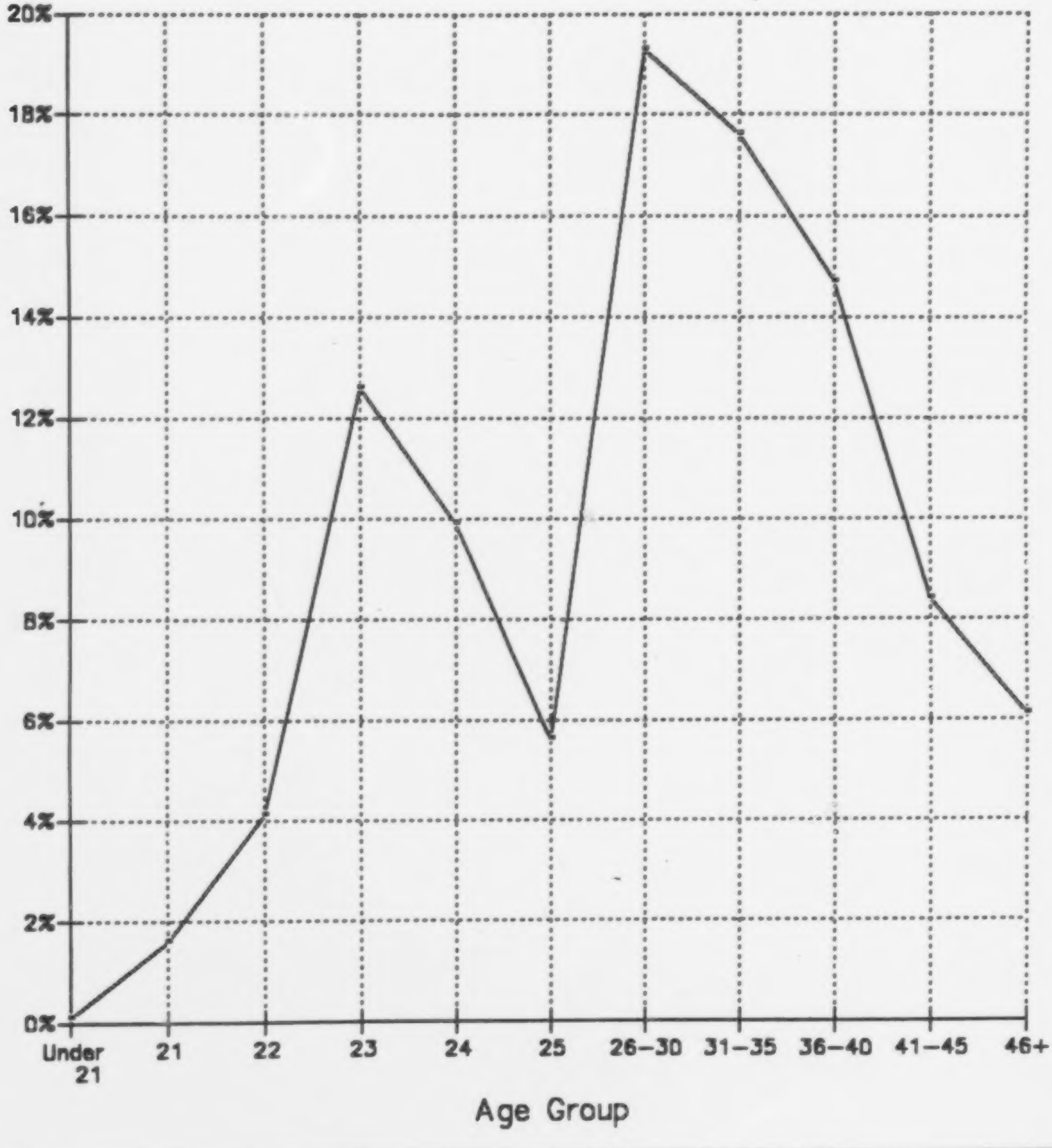
PRIOR LPN/LVN PRACTICE AMONG NEWLY LICENSED NURSES
East South Central Region

Of new nurses in the East South Central region, 29% have practiced as LPNs/LVNs.



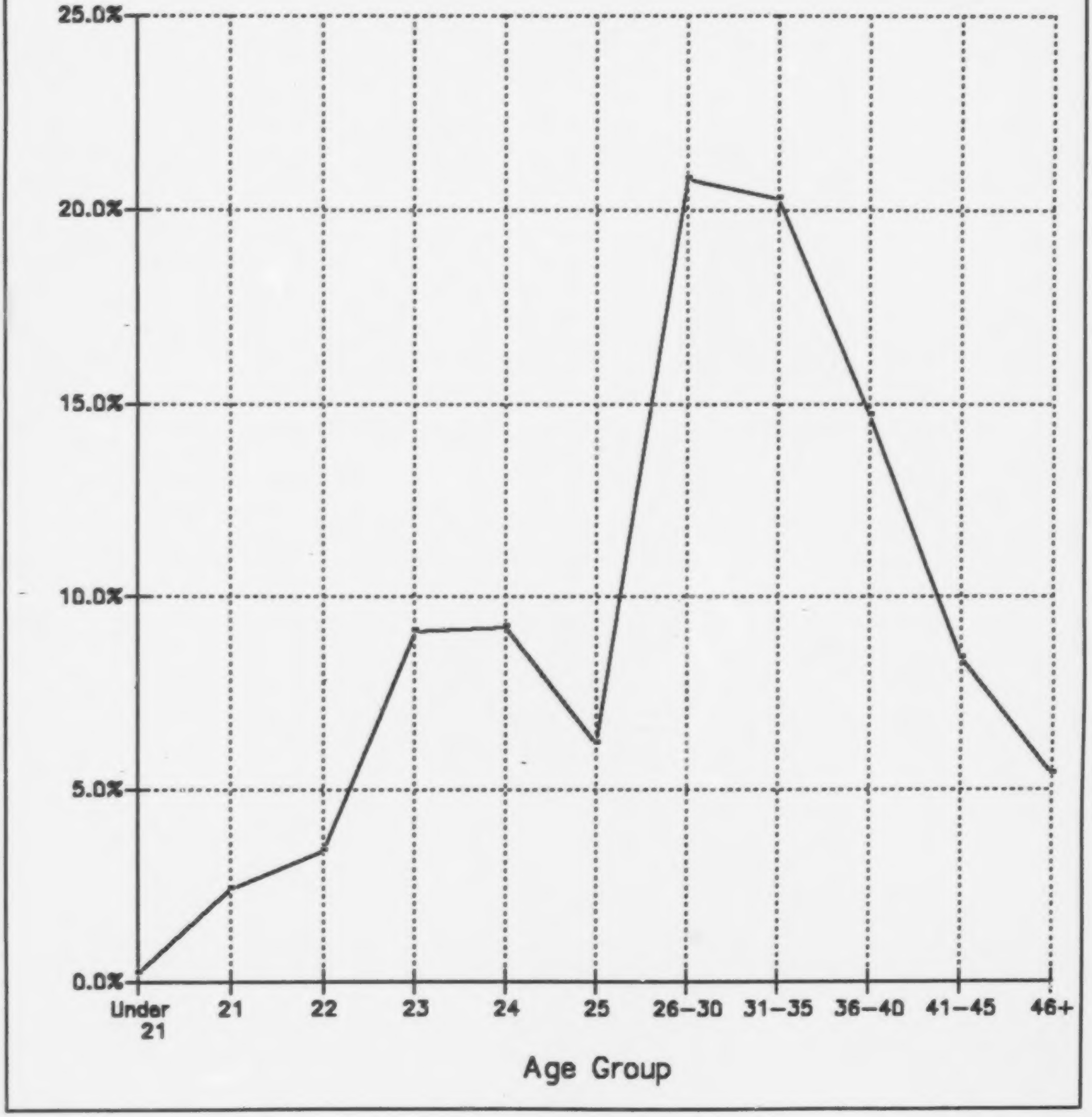
AGE DISTRIBUTION OF NEWLY LICENSED NURSES, 1990

The average age of new RNs is bimodal. The largest group of RNs consists of those 26 to 30 years old. Another peak exists at the 23–year–old mark.



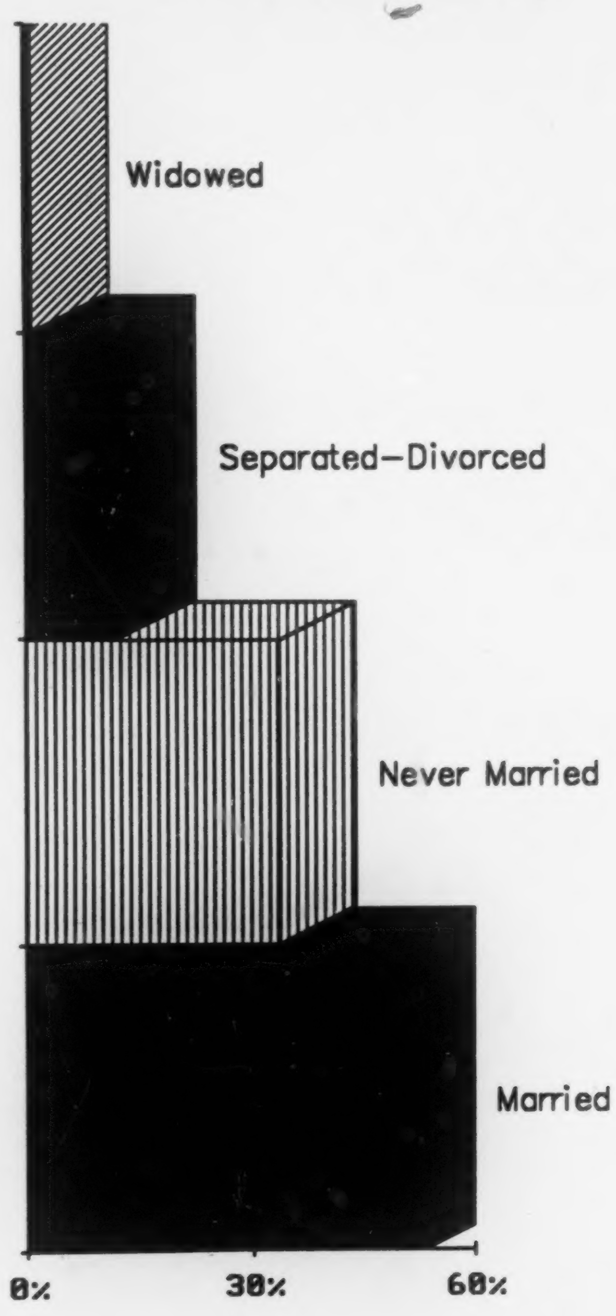
AGE DISTRIBUTION OF NEWLY LICENSED NURSES, 1990
East South Central Region

A large plurality of newly licensed nurses in the East South Central region are ages 26 to 35.



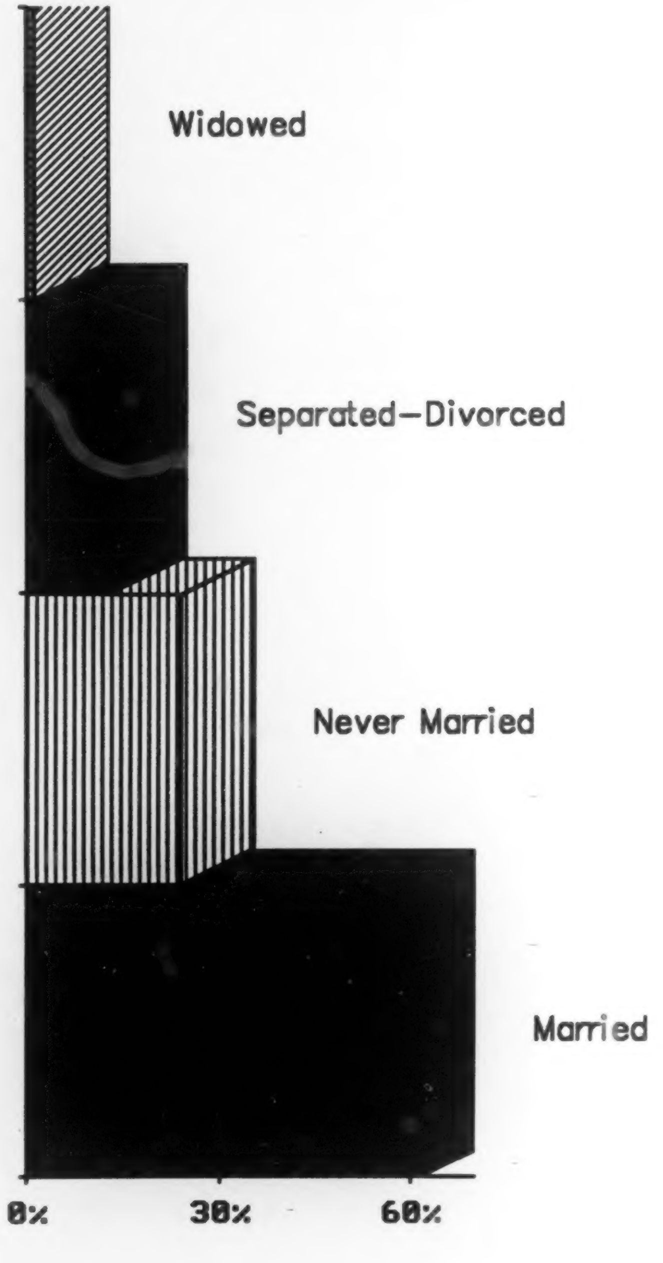
MARITAL STATUS OF NEWLY LICENSED NURSES, 1990

A majority of newly licensed nurses are married.



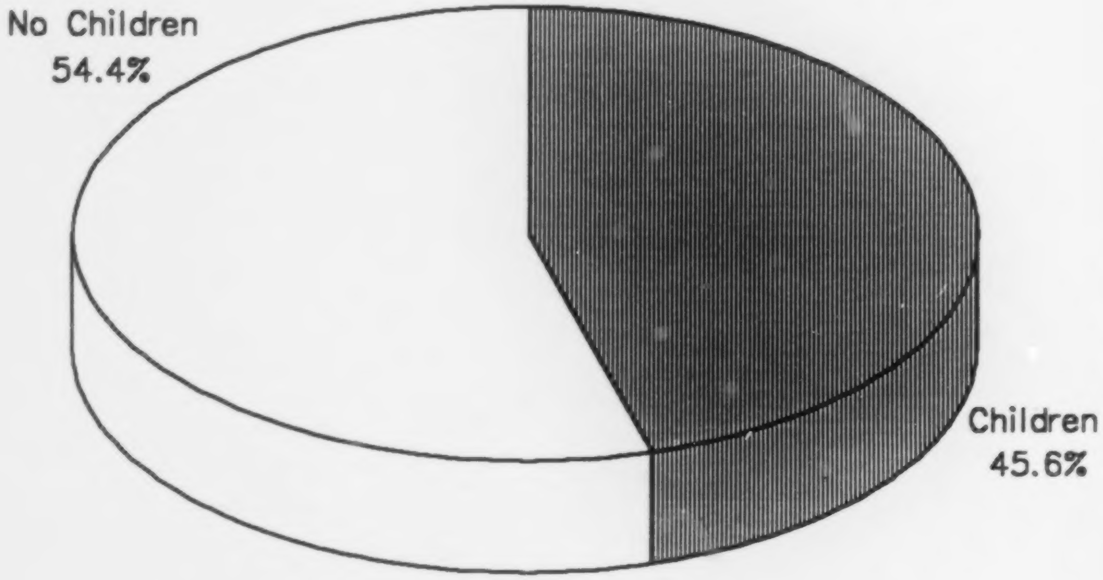
MARITAL STATUS OF NEWLY LICENSED NURSES, 1990
East South Central Region

A high proportion of new nurses in the East South Central region are married.



PERCENTAGE OF NEWLY LICENSED NURSES WITH AND WITHOUT CHILDREN, 1990

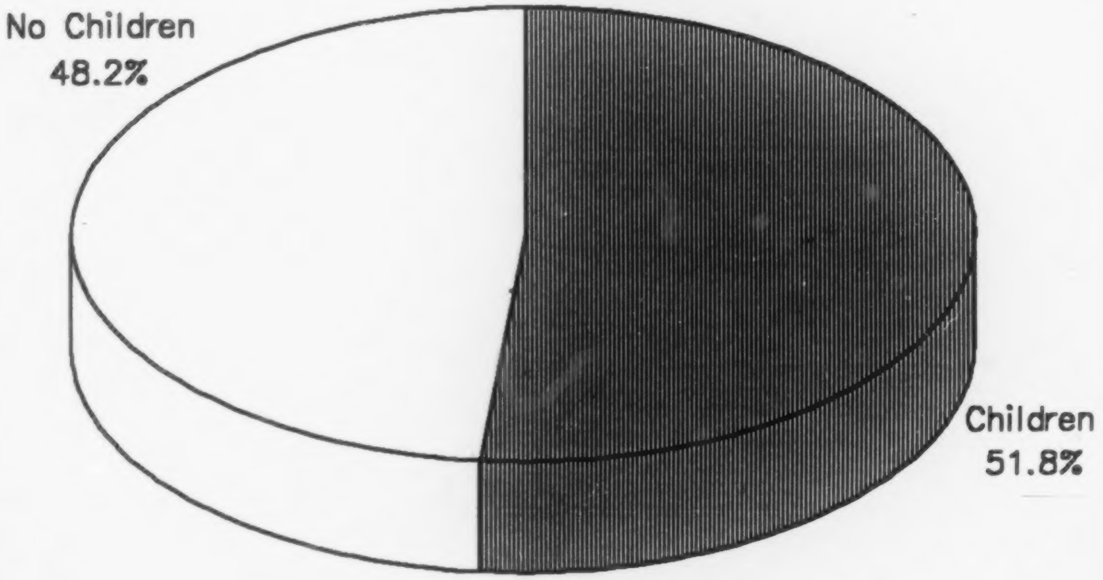
The percentage of newly licensed nurses who have children is almost equal to the percentage who have no children at home.



PERCENTAGE OF NEWLY LICENSED NURSES WITH AND WITHOUT CHILDREN, 1990

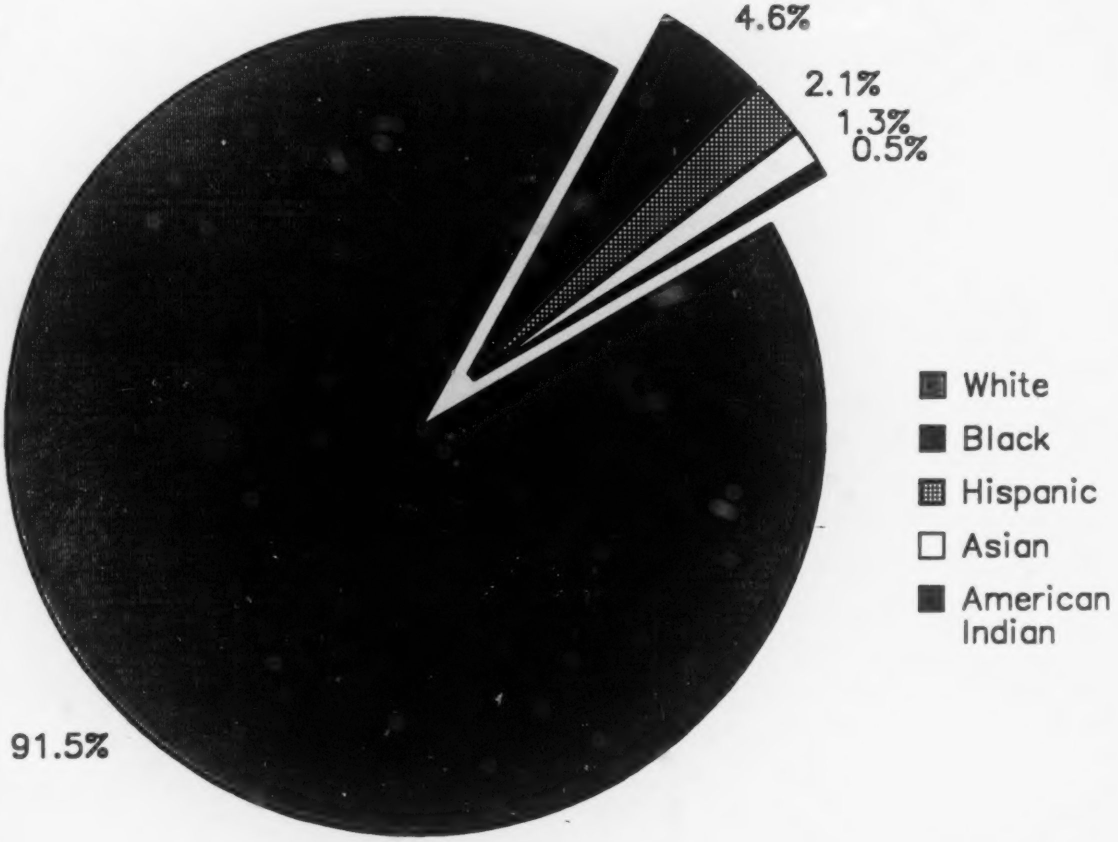
East South Central Region

New nurses in the East South Central region are split almost evenly between those with and without children.



RACIAL/ETHNIC BACKGROUND OF NEWLY LICENSED NURSES, 1990

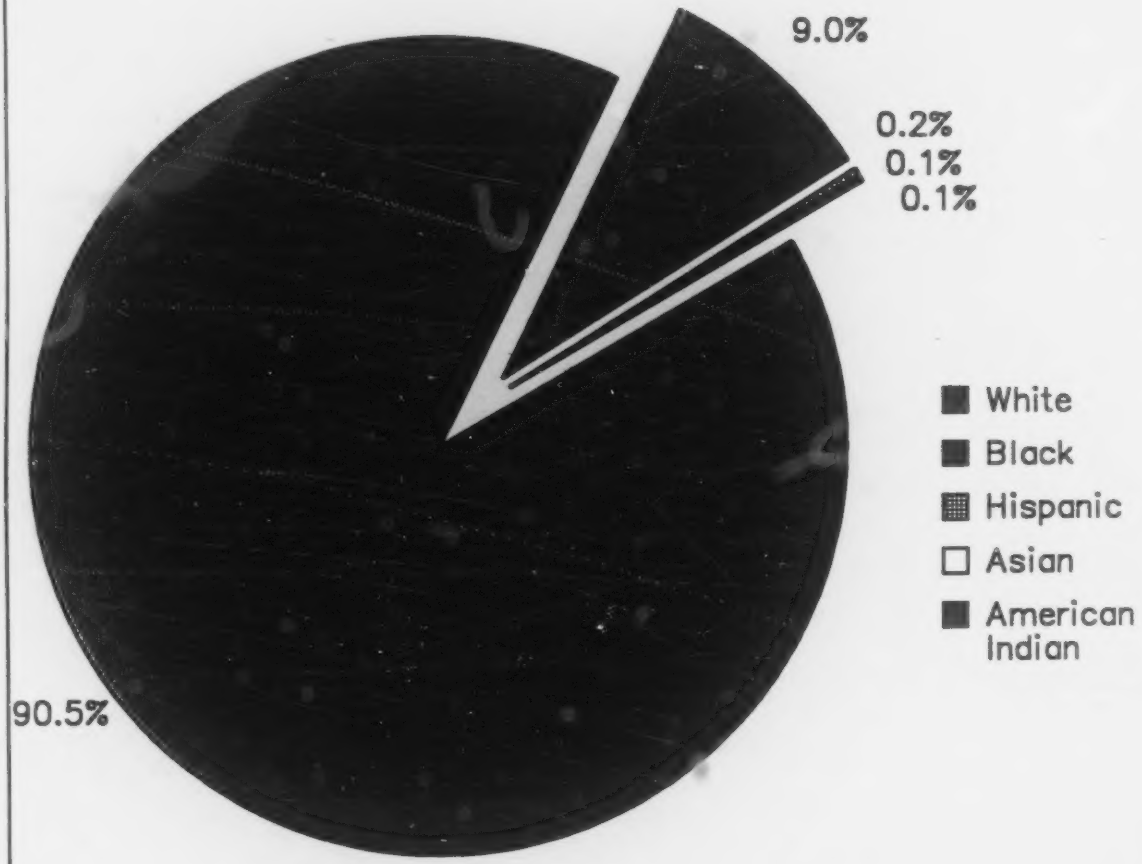
The overwhelming majority of newly licensed nurses are white. Less than 9% are non--white.



RACIAL/ETHNIC BACKGROUND OF NEWLY LICENSED NURSES, 1990

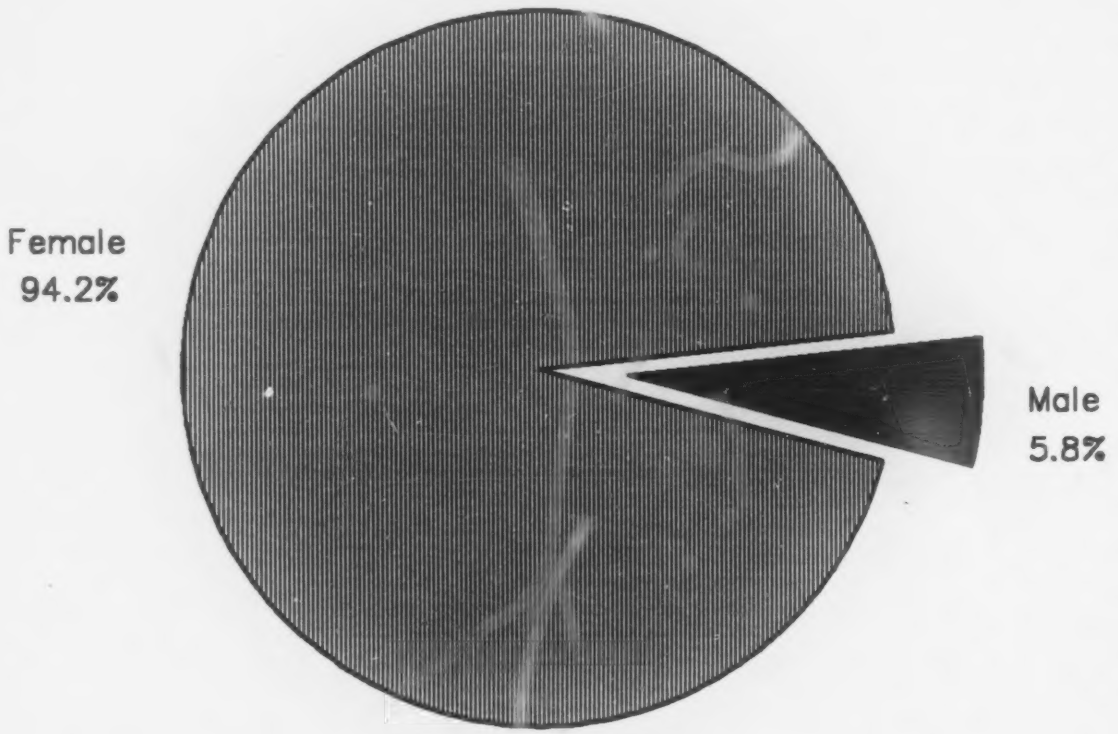
East South Central Region

The overwhelming majority of newly licensed nurses are white. Blacks account for 9% of the total.



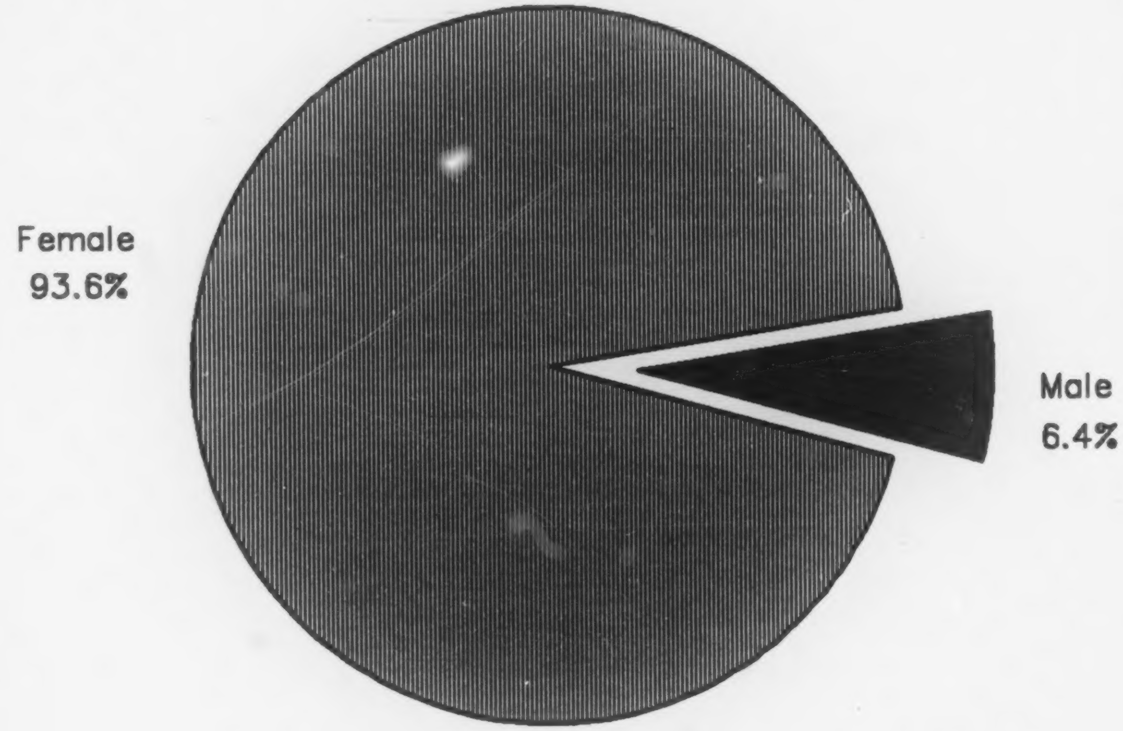
GENDER OF NEWLY LICENSED NURSES, 1990

An overwhelming majority of newly licensed nurses are female.



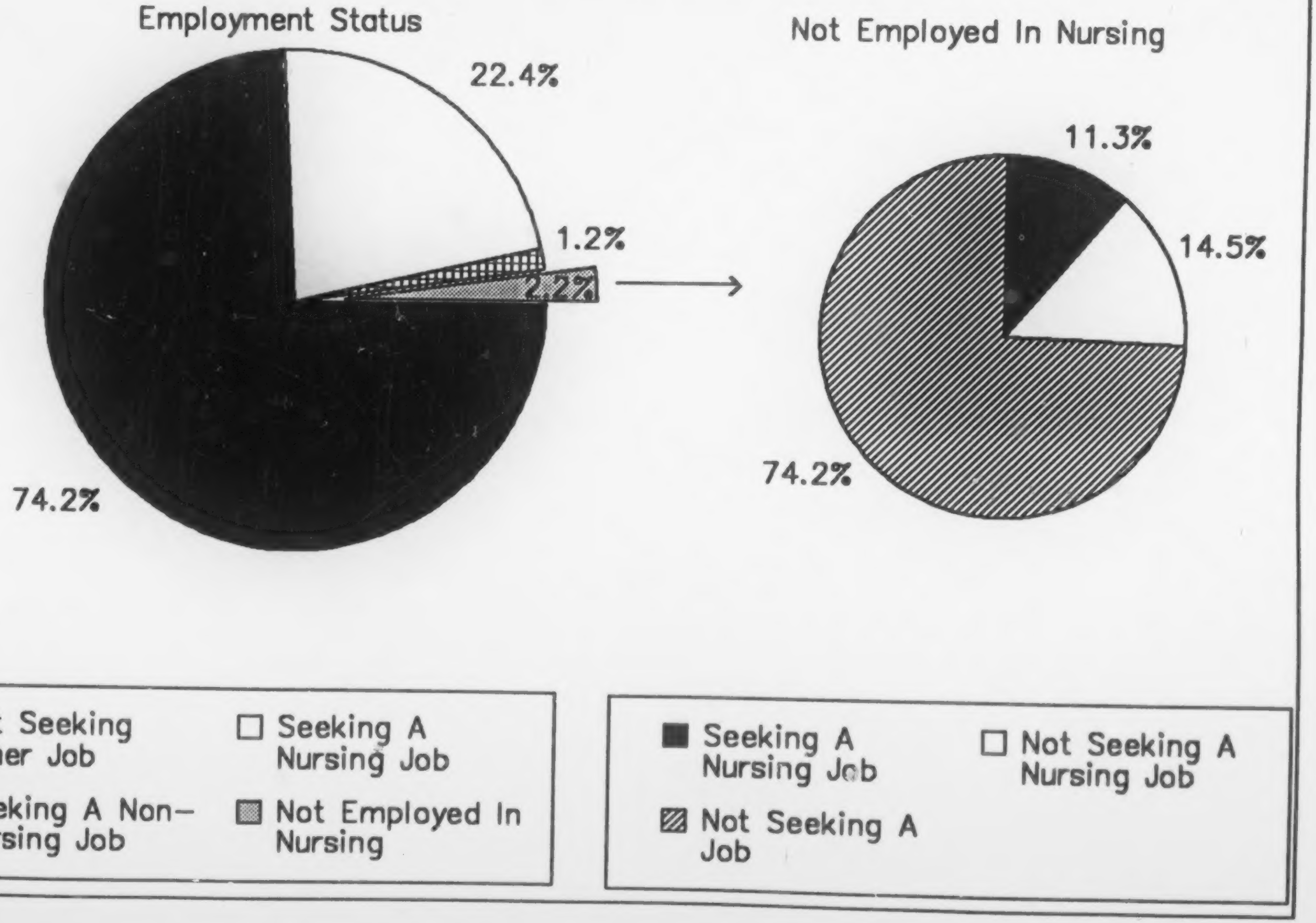
GENDER OF NEWLY LICENSED NURSES, 1990
East South Central Region

An overwhelming majority of newly licensed nurses are female.



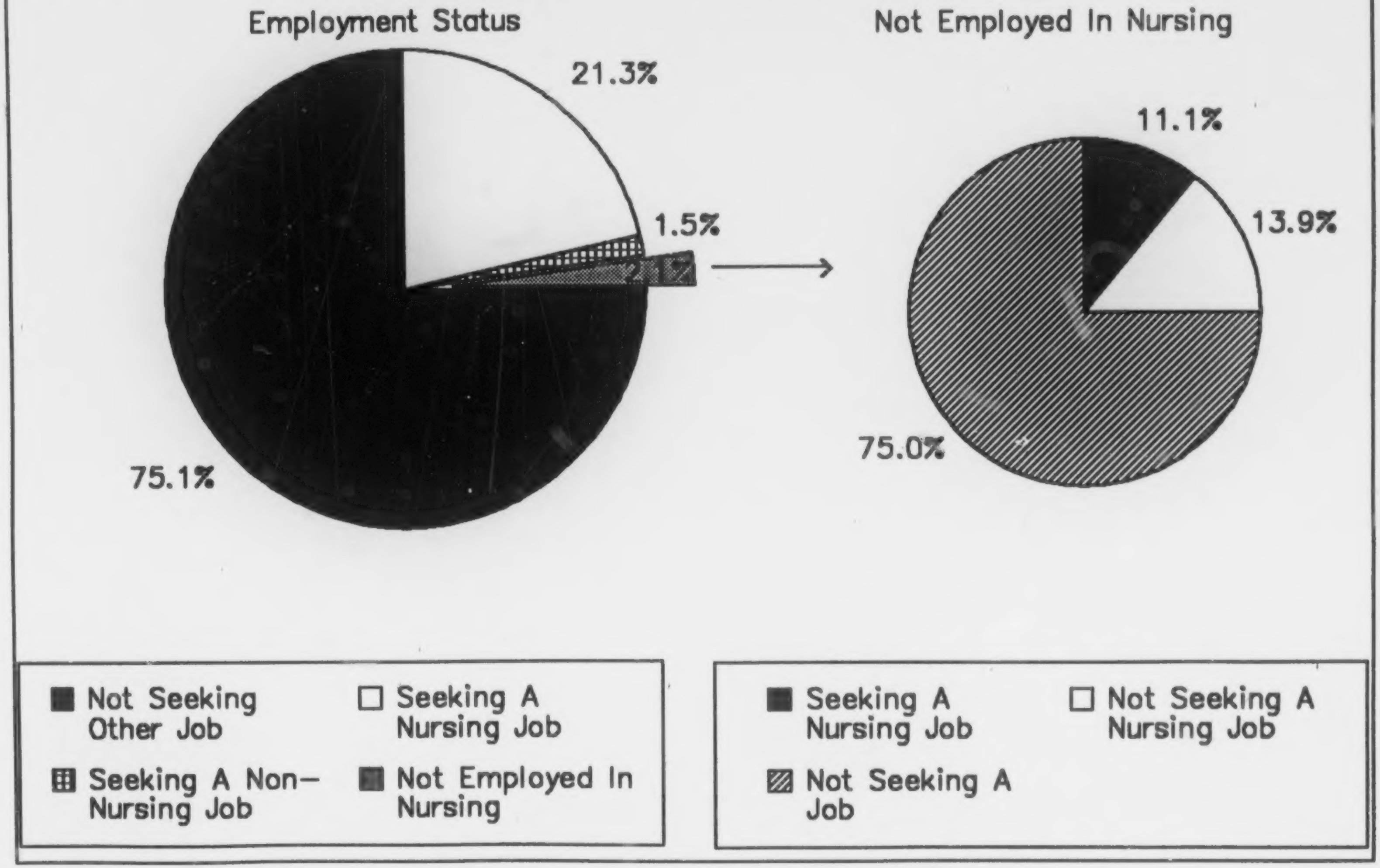
Employment Status of Newly Licensed Nurses, 1990

Over two-thirds of new nurses currently employed in nursing are not seeking another job. Of those unemployed, 74% are voluntarily unemployed.



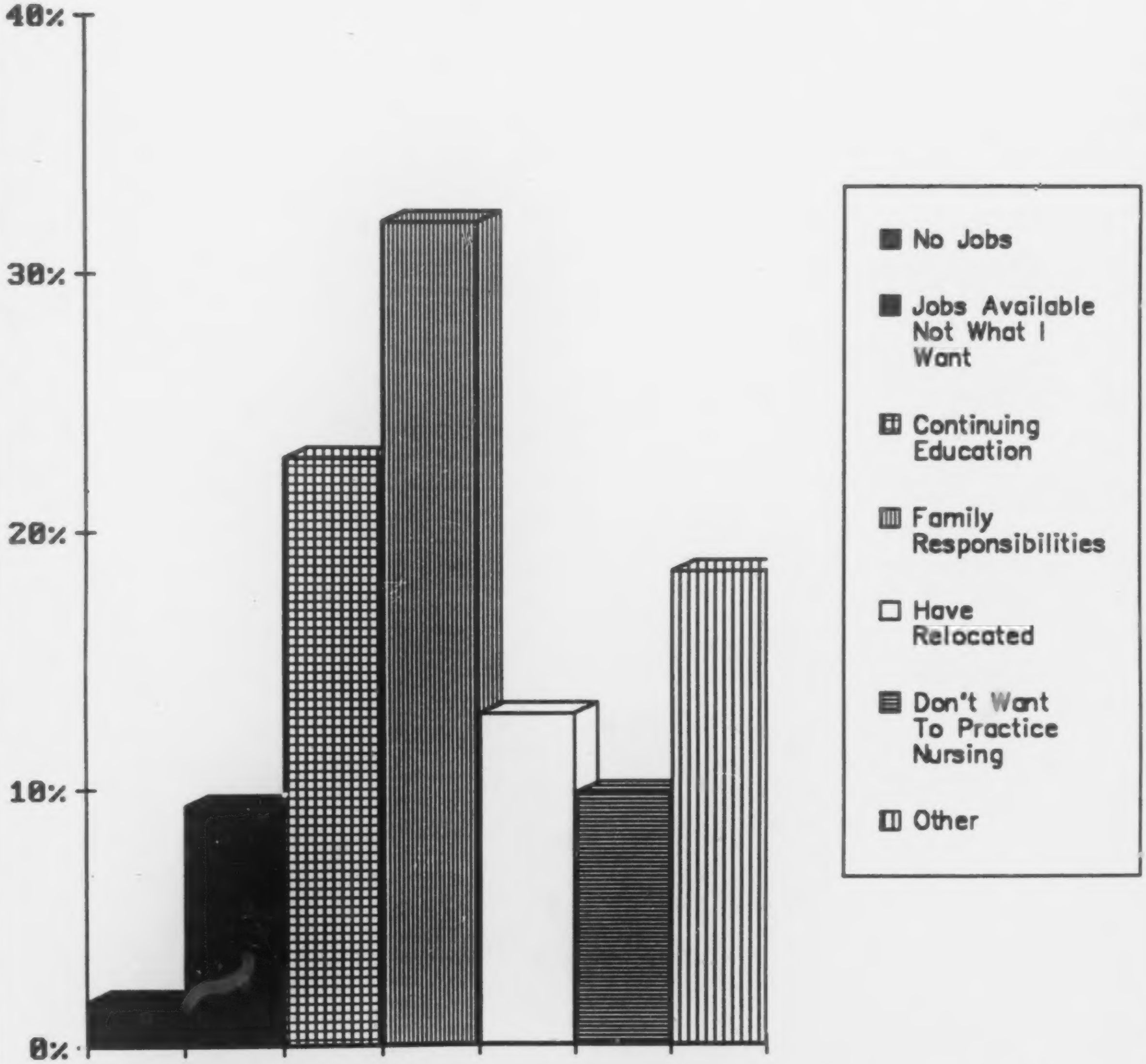
Employment Status of Newly Licensed Nurses, 1990
East South Region

Three-quarters of new nurses currently employed in nursing are not seeking another job. Of those unemployed, 75% are voluntarily unemployed.



MAIN REASON WHY NEWLY LICENSED NURSES ARE NOT EMPLOYED IN NURSING

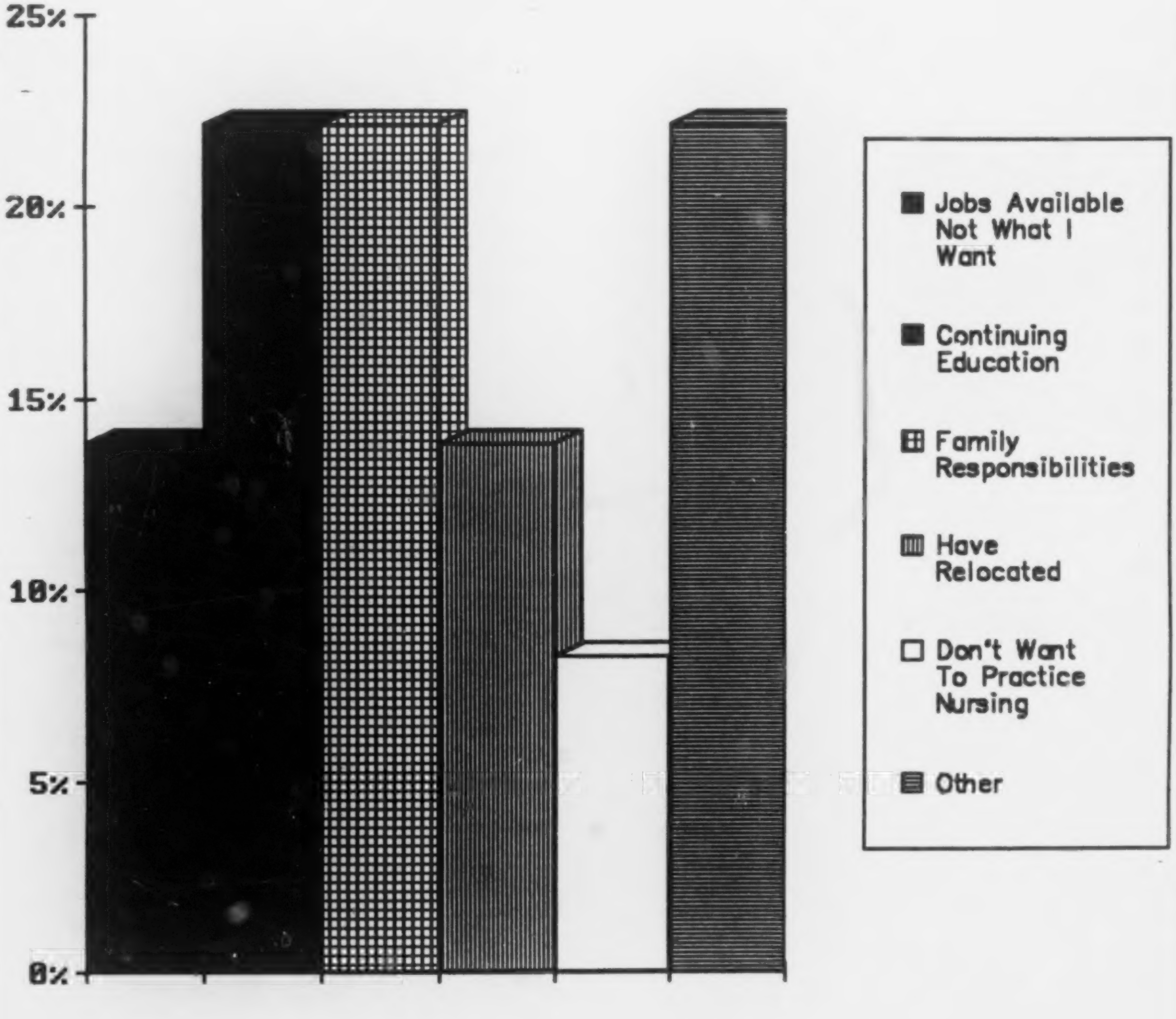
Respondents most often cited "family responsibilities" as their main reason for not currently holding a nursing position.



Note: Only 2 percent of all newly licensed nurses are not employed in nursing. Multiple responses allowed.

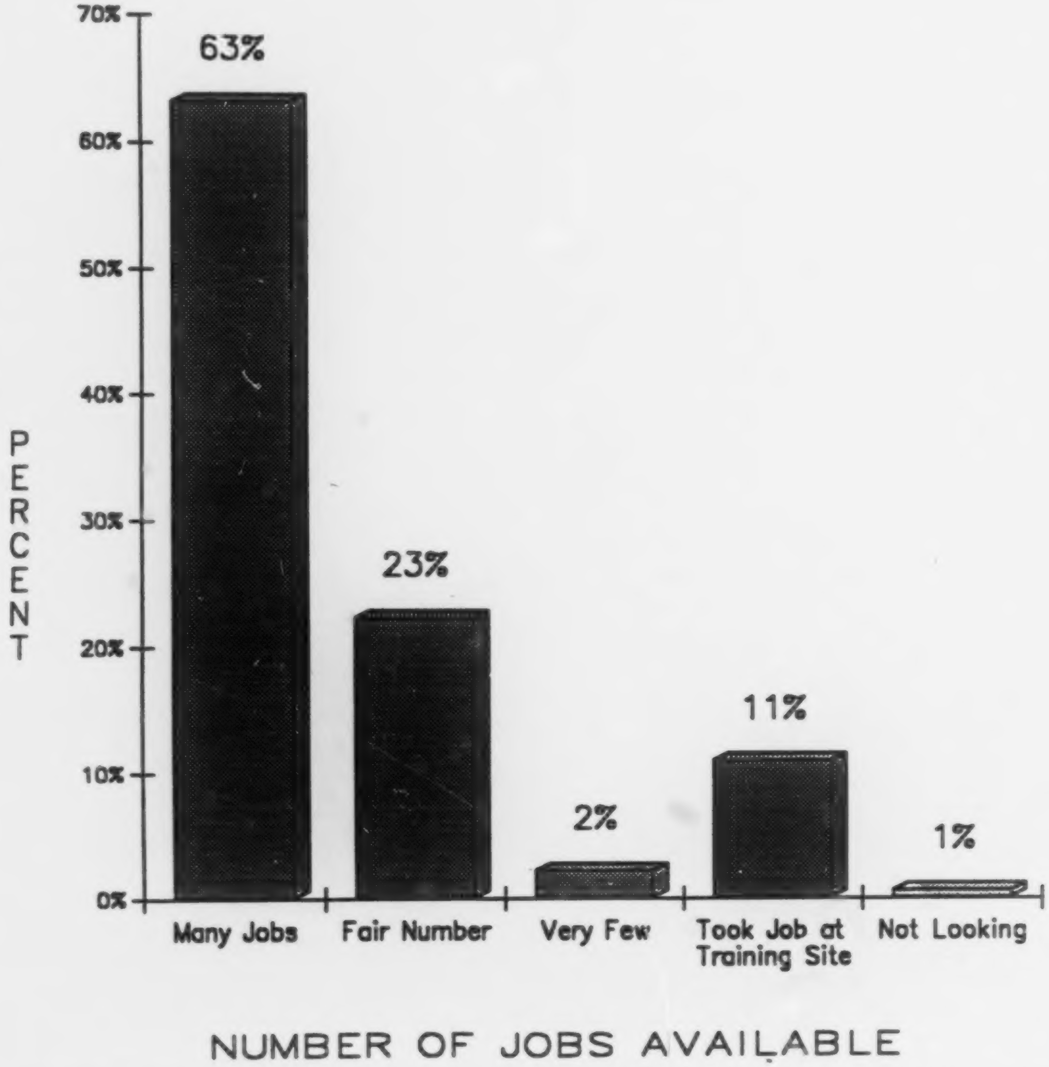
MAIN REASON WHY NEWLY LICENSED NURSES ARE NOT EMPLOYED IN NURSING
East South Central Region

Respondents most often cited "continuing education," "family responsibilities," and "other" as their main reason for not currently holding a nursing position.



PERCEPTIONS OF JOB AVAILABILITY OF NEWLY LICENSED NURSES, 1990

Almost two–thirds stated that "many jobs" were available when they were job–hunting indicating that demand for new RNs is strong.



PERCEPTIONS OF JOB AVAILABILITY OF NEWLY LICENSED NURSES, 1990

East South Central Region

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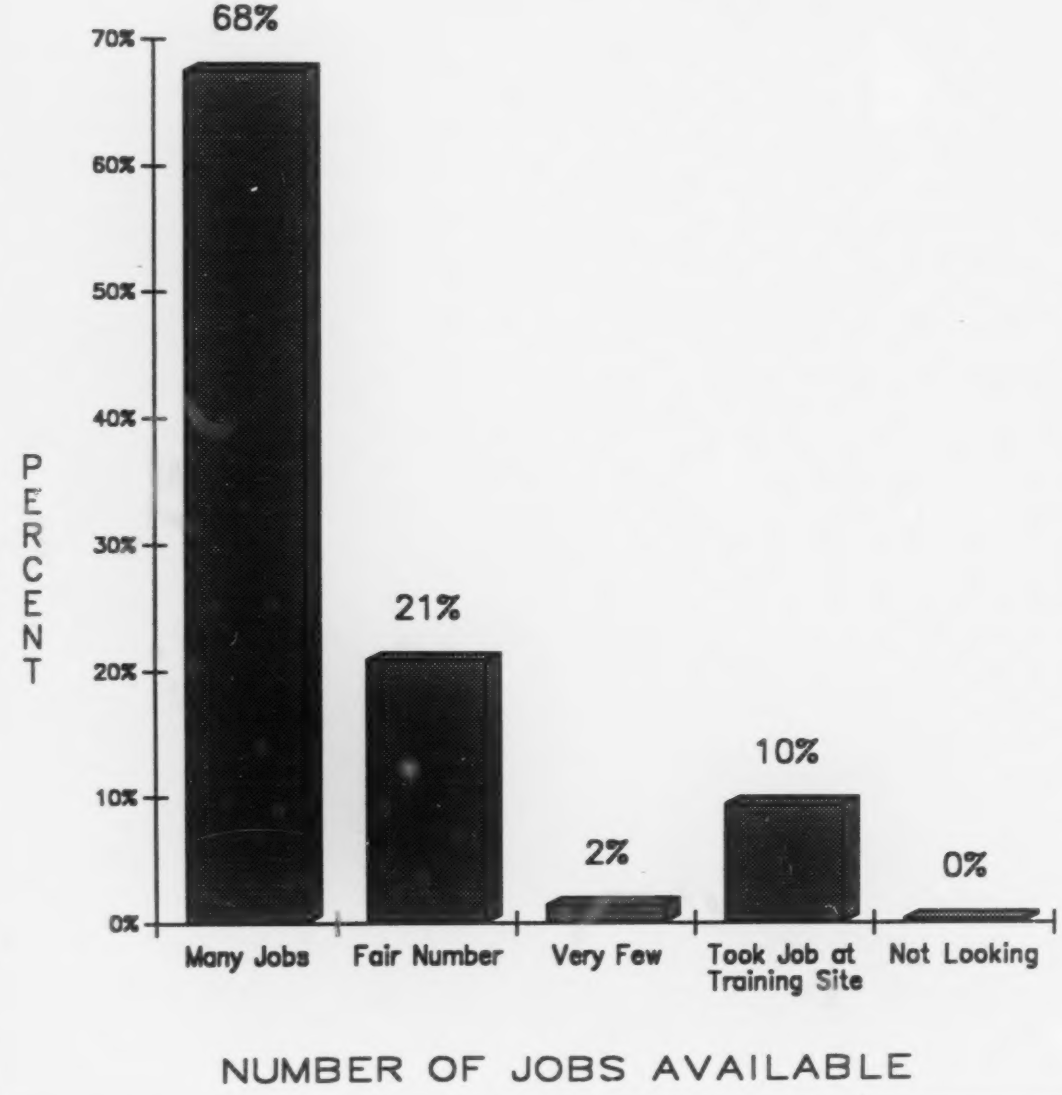
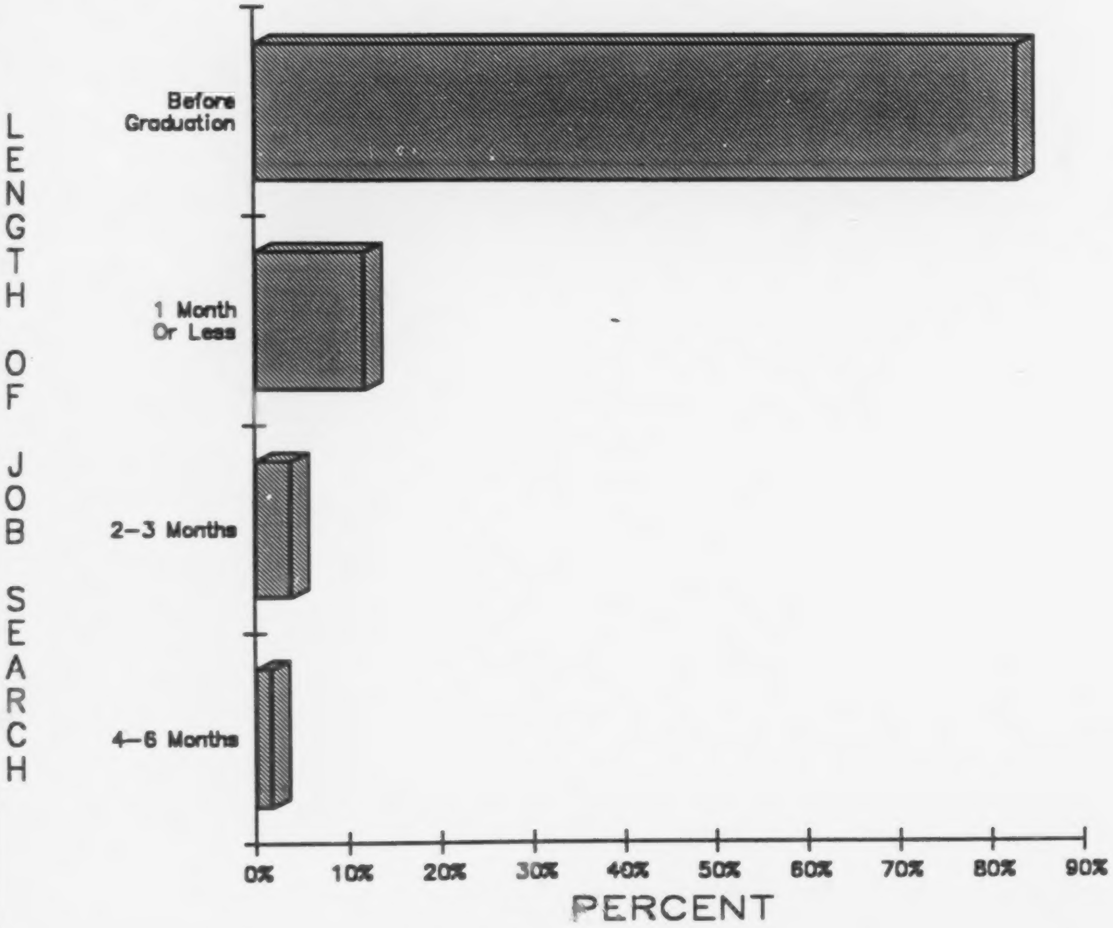


LENGTH OF JOB SEARCH OF NEWLY LICENSED NURSES, 1990

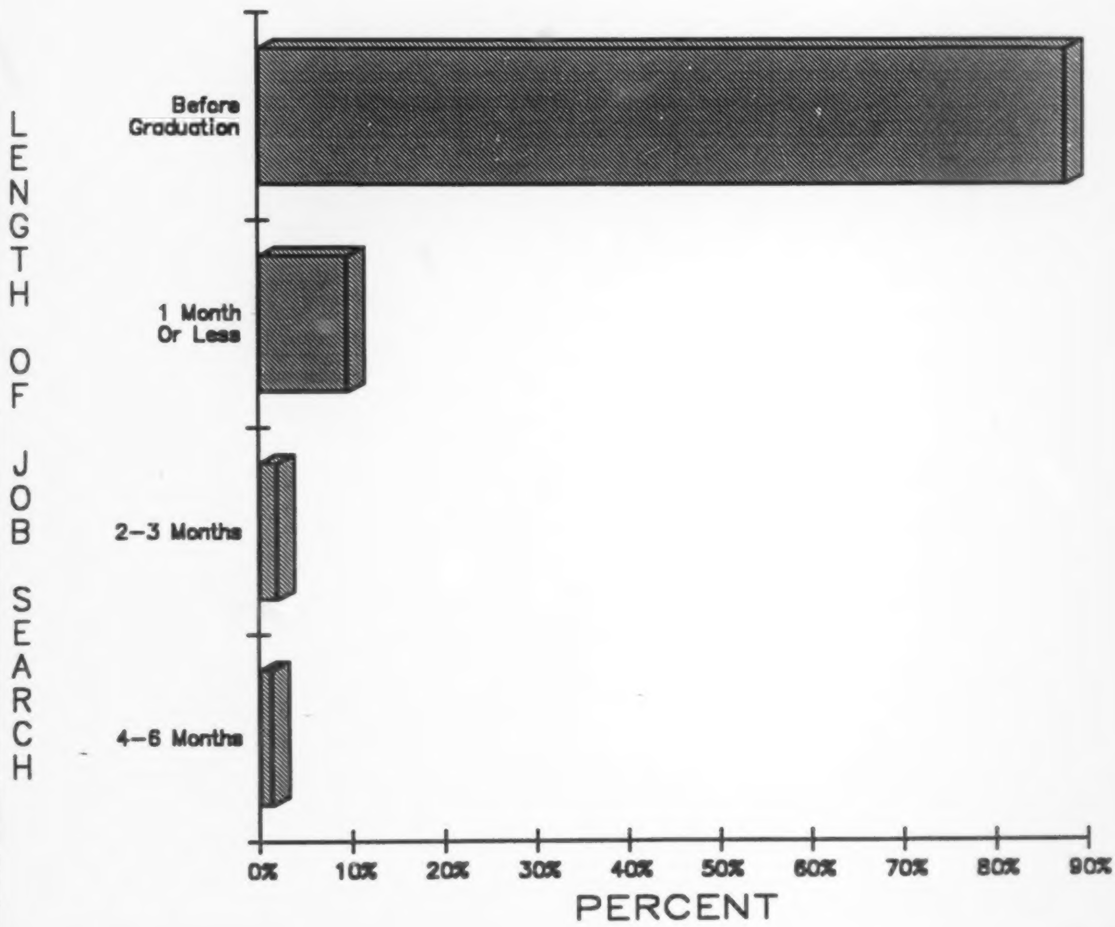
Demand for new RNs is high. Over 90% found jobs either before or within one month of graduation.

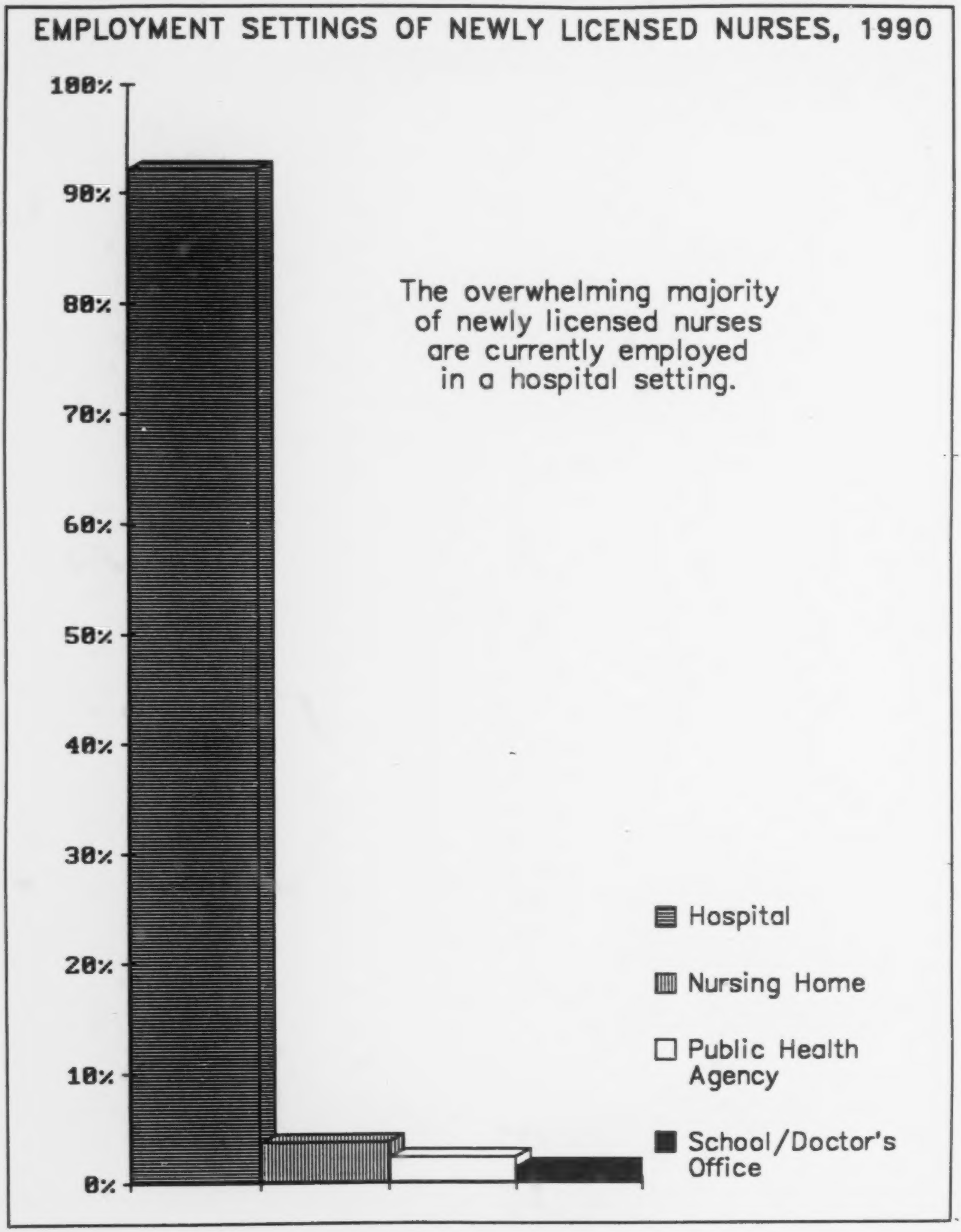


LENGTH OF JOB SEARCH OF NEWLY LICENSED NURSES, 1990

East South Central Region

Demand for new RNs is high. Over 87% found jobs before graduation.

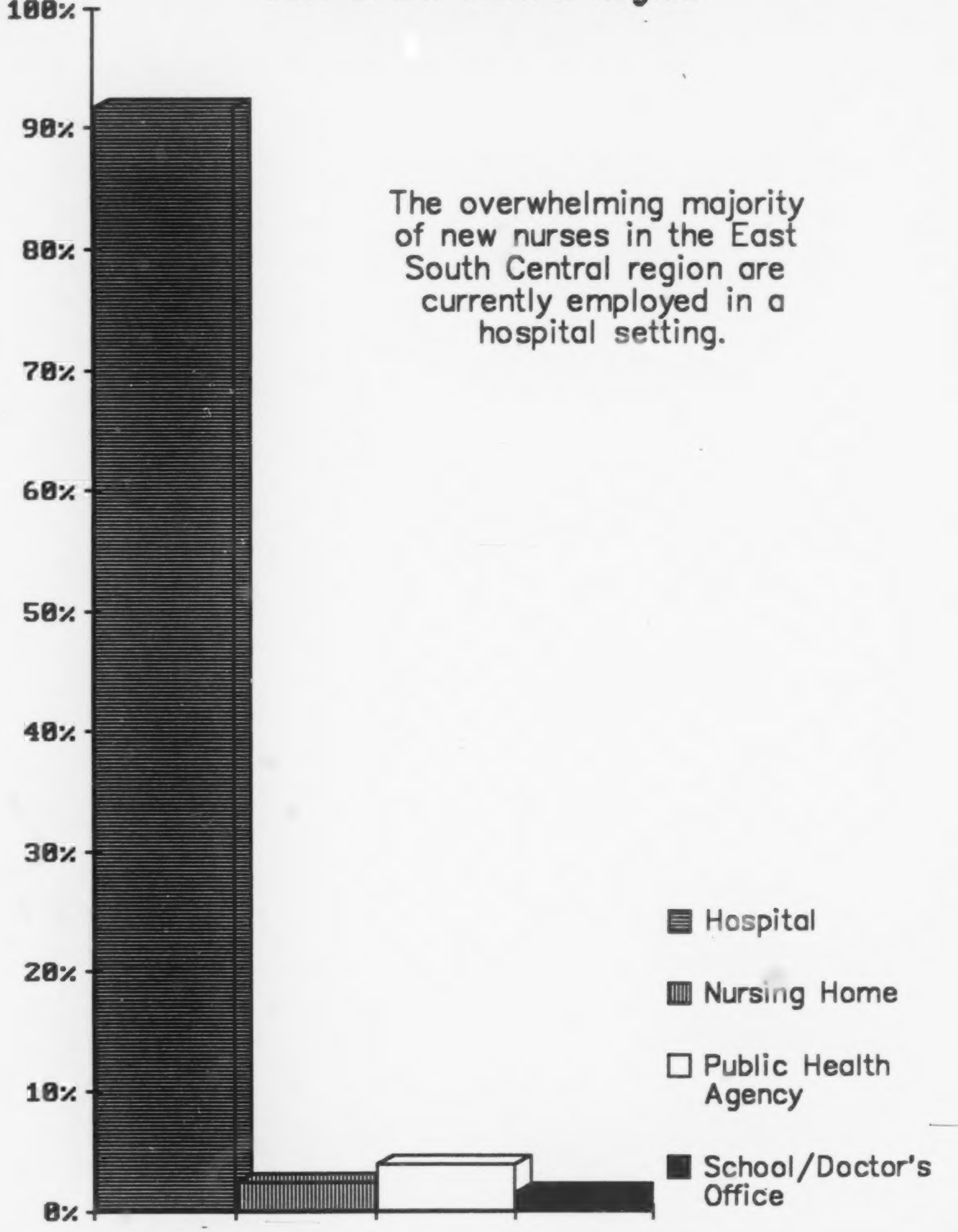




EMPLOYMENT SETTINGS OF NEWLY LICENSED NURSES, 1990

The overwhelming majority of newly licensed nurses are currently employed in a hospital setting.

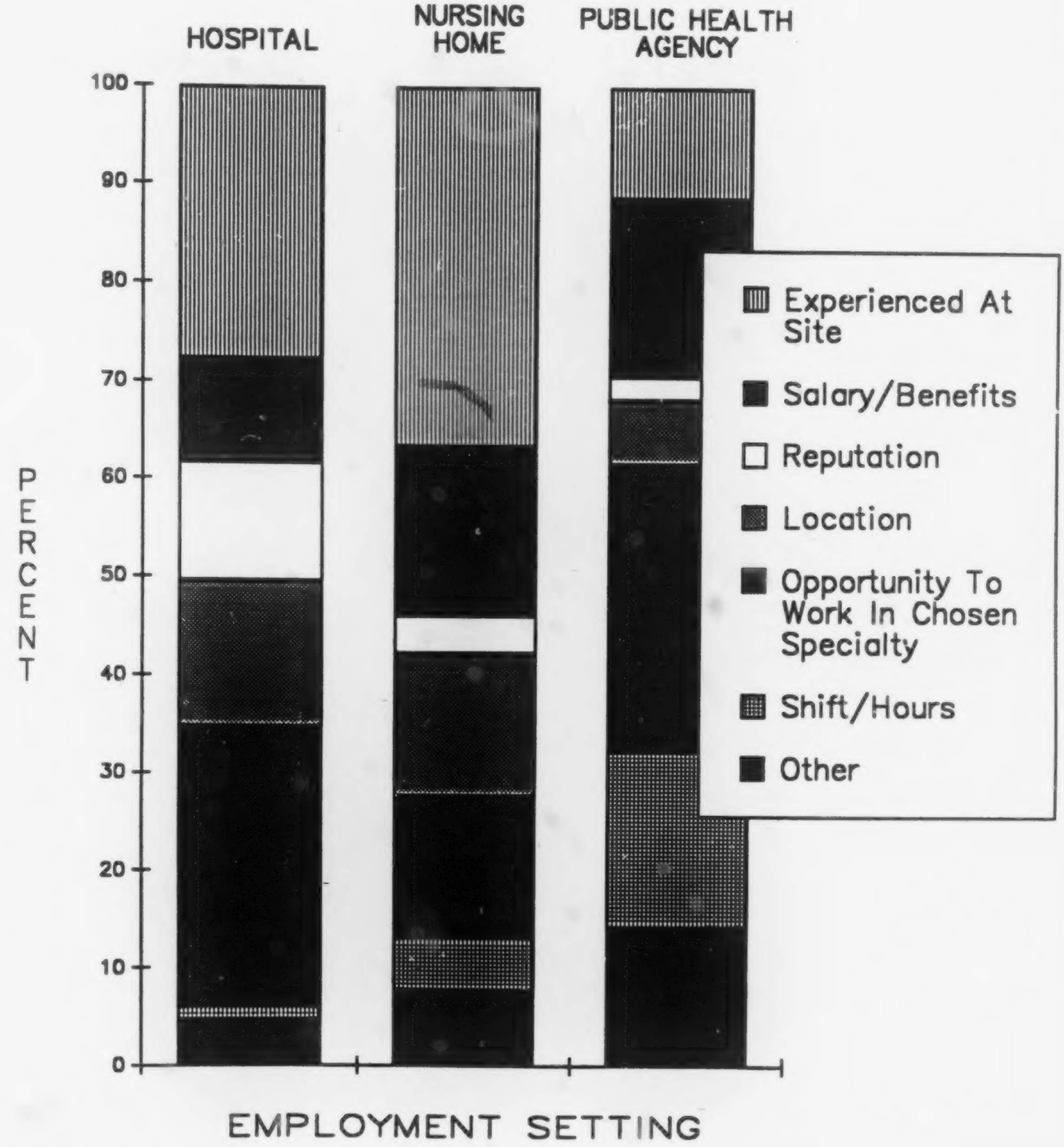
EMPLOYMENT SETTINGS OF NEWLY LICENSED NURSES, 1990
East South Central Region



The overwhelming majority of new nurses in the East South Central region are currently employed in a hospital setting.

REASONS FOR CHOOSING CURRENT POSITION BY EMPLOYMENT SETTING, 1990

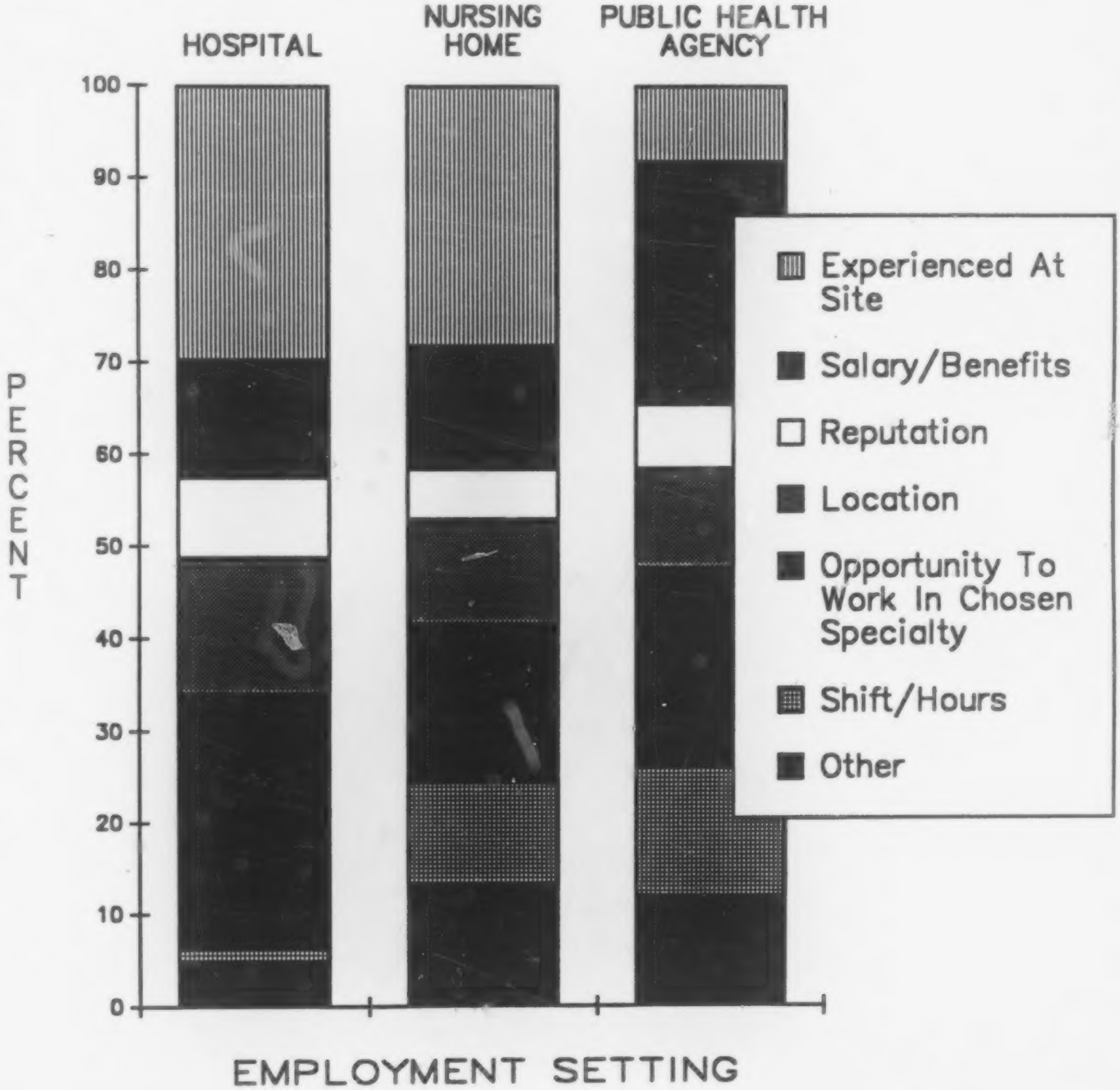
A plurality of new RNs in hospitals and public health agencies chose their position to work in their chosen specialty. Those working in nursing homes chose their position because of prior experience at the site.



REASONS FOR CHOOSING CURRENT POSITION BY EMPLOYMENT SETTING, 1990

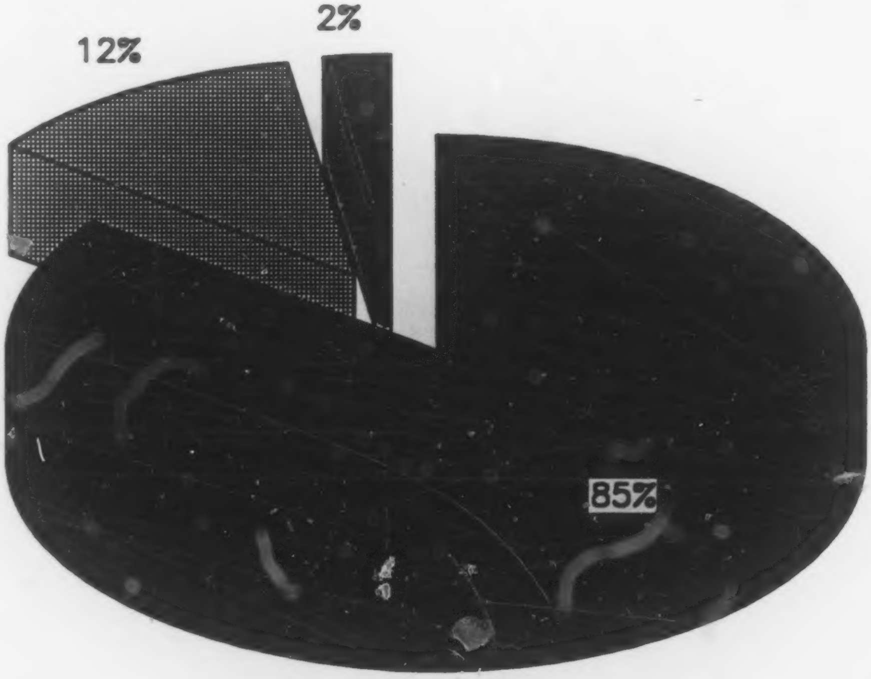
East South Central Region

The most frequently cited reasons for job selection are "opportunity to work in chosen specialty" and "prior experience in institution".



ACTIVITY STATUS OF NEWLY LICENSED NURSES, 1990

A great majority of new RNs work full–time. Only 2% work less than 20 hours per week.

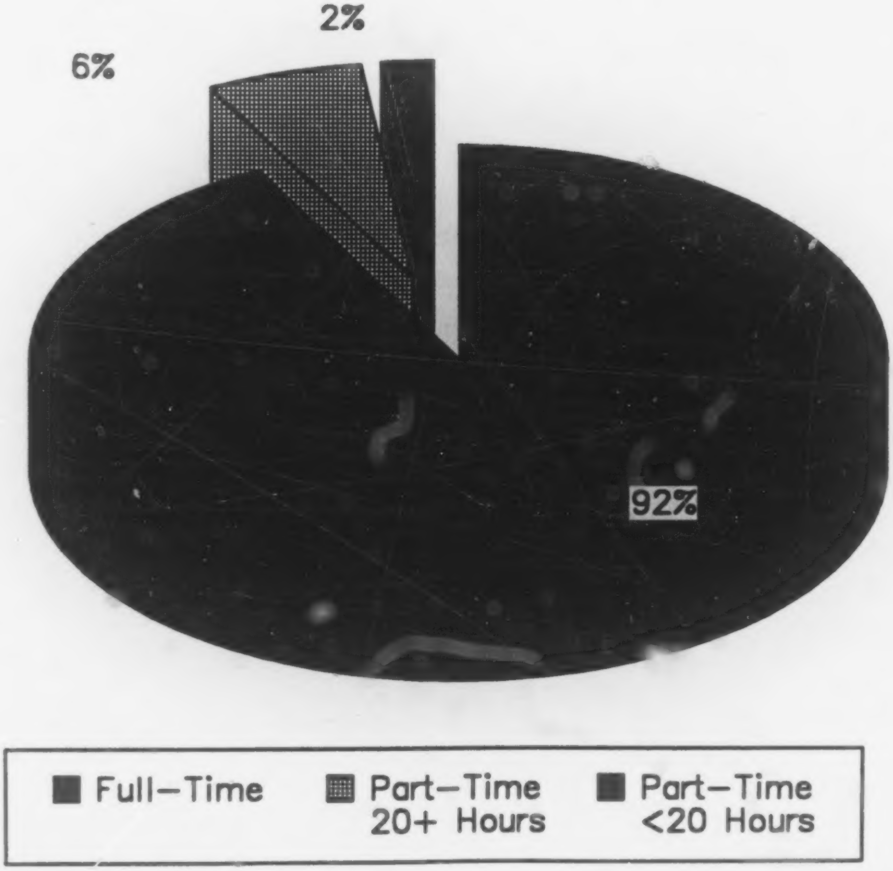


■ Full–Time ▨ Part–Time 20+ Hours ▨ Part–Time <20 Hours

ACTIVITY STATUS OF NEWLY LICENSED NURSES, 1990

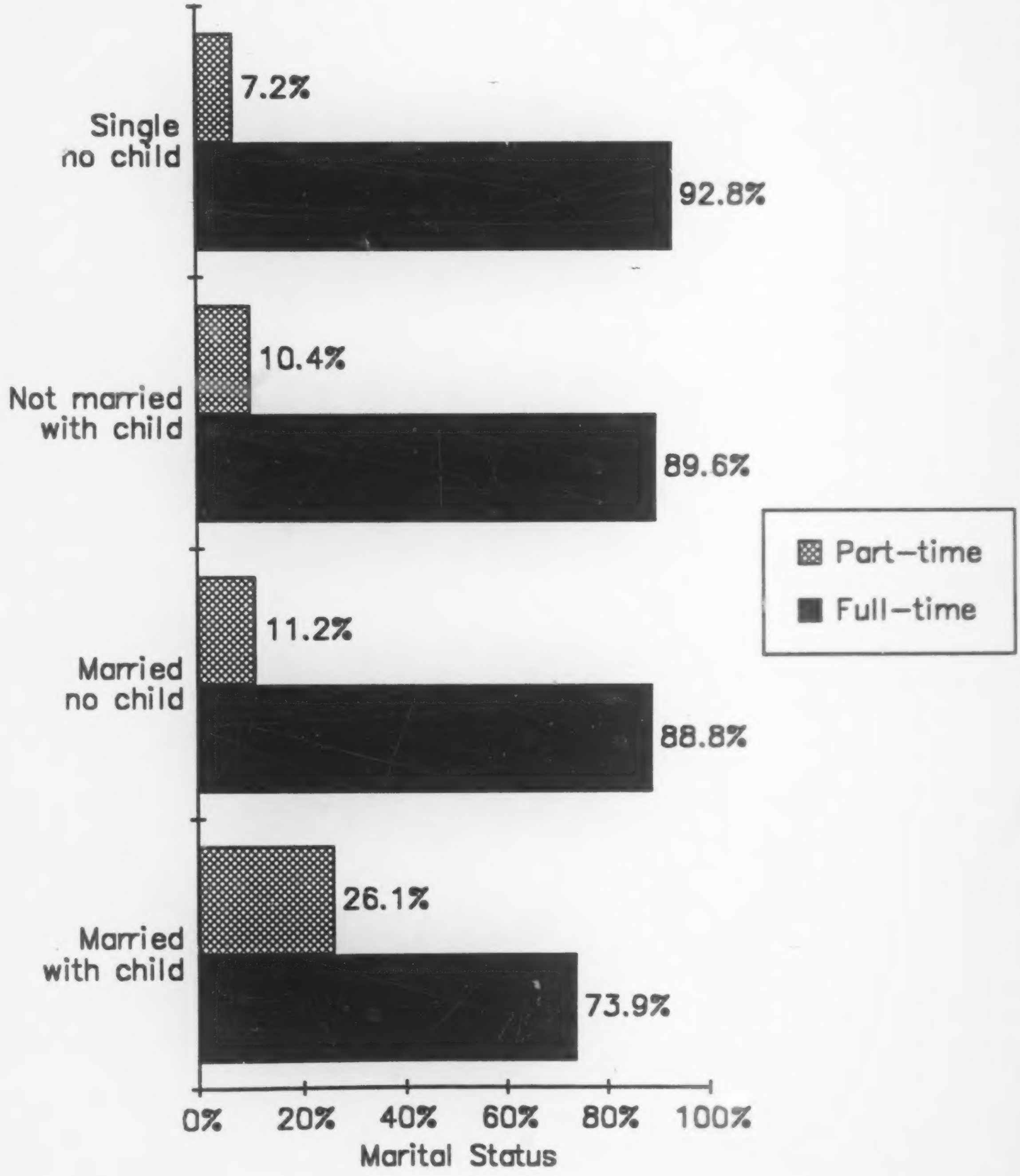
East South Central Region

Over 90% of new RNs in the East South Central region work full-time.



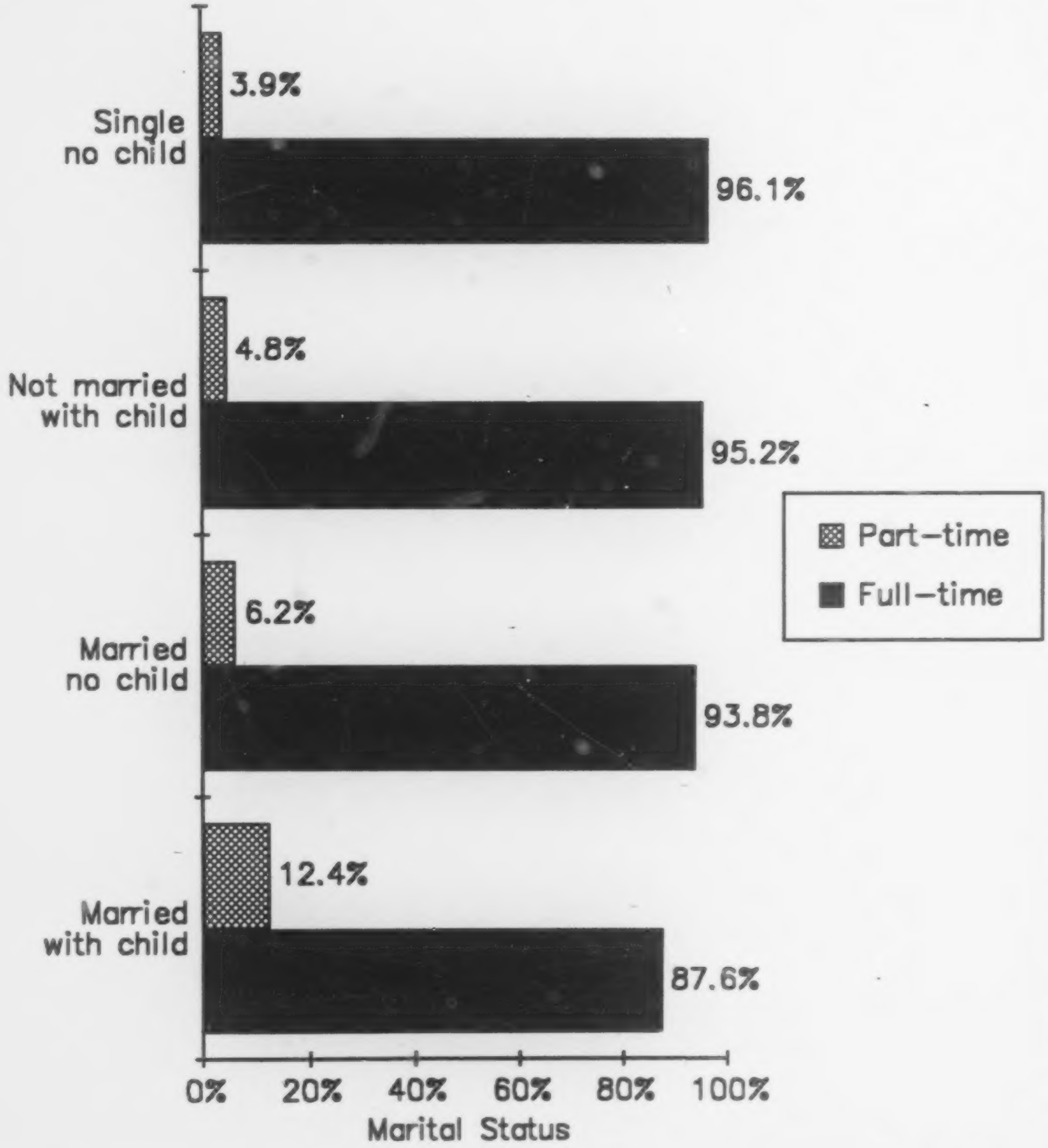
Activity Status of Newly Licensed Nurses by Marital Status

A large majority of new nurses work full-time.



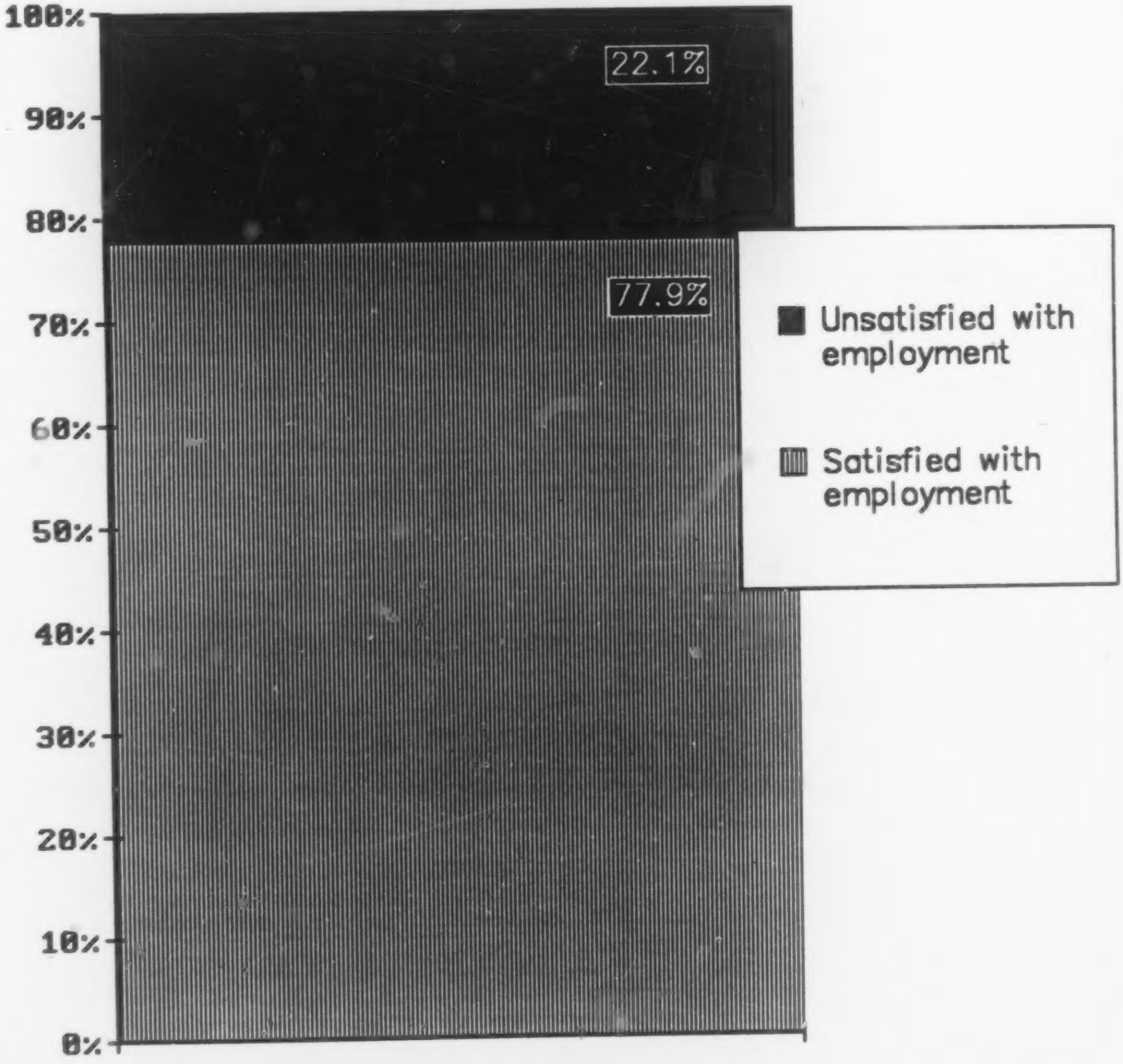
Activity Status of Newly Licensed Nurses by Marital Status
East South Central Region

A large majority of new nurses work full-time.



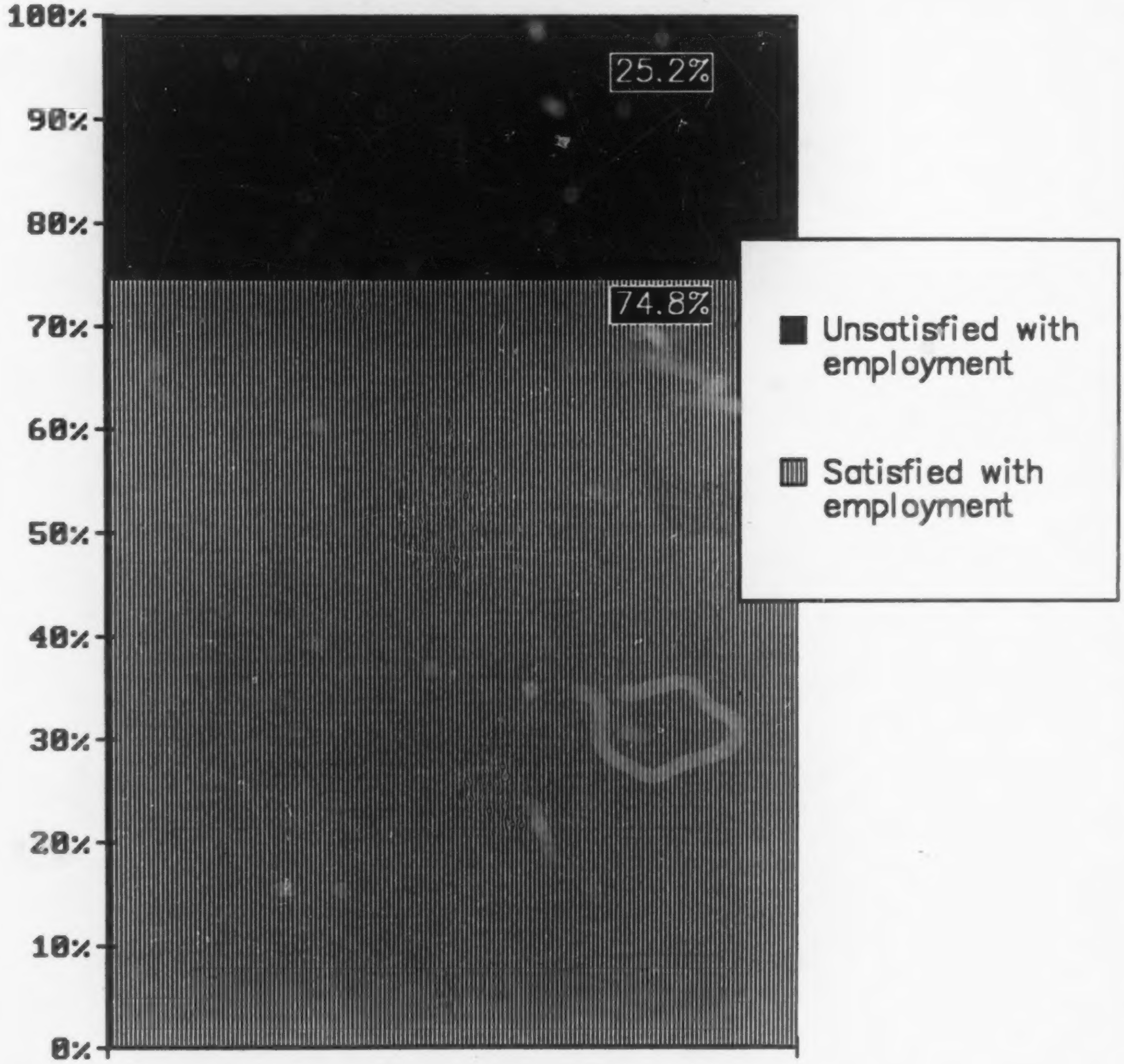
EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES

A high proportion of new nurses (77.9%) are satisfied with their employment



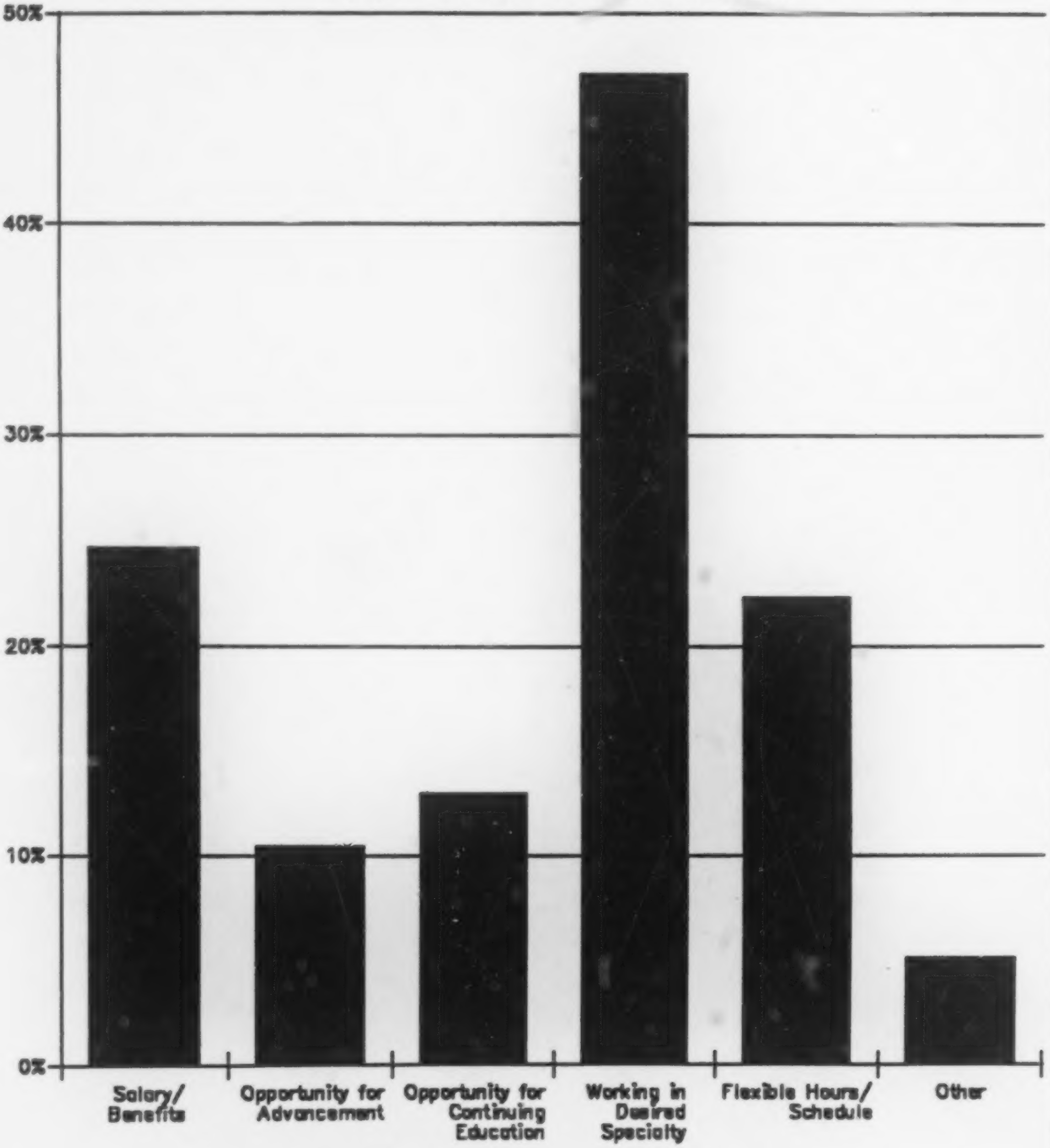
EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES
East South Central Region

A high proportion of new nurses (74.8%) are satisfied with their employment in the East South Central region.



MAIN SOURCE OF JOB SATISFACTION OF NEWLY LICENSED NURSES, 1990

Respondents most often cited "working in desired specialty" as their main source of satisfaction.

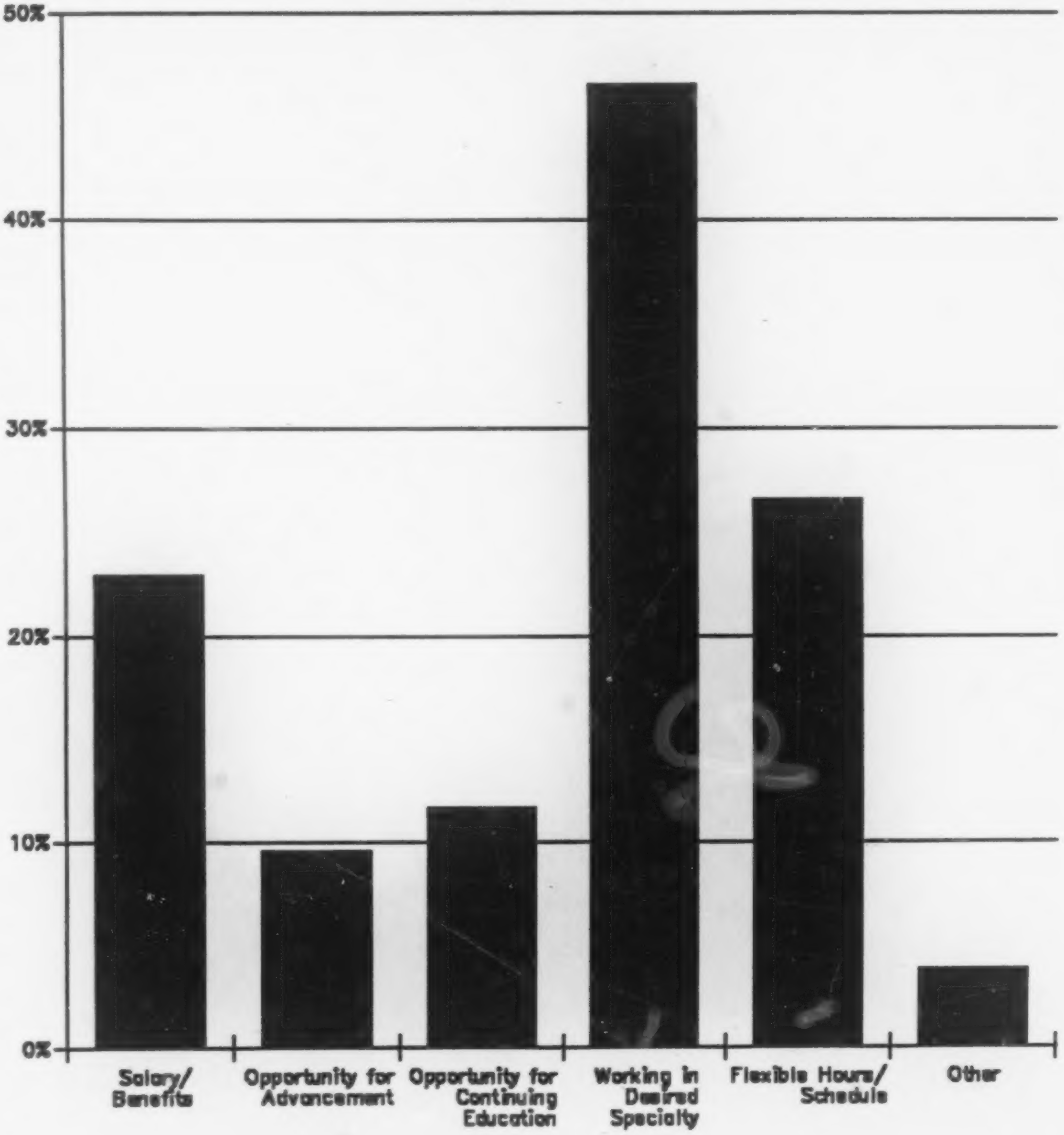


*Multiple responses were allowed for this question. Therefore, the sum of all responses will be greater than 100 percent.

MAIN SOURCE OF JOB SATISFACTION OF NEWLY LICENSED NURSES, 1990

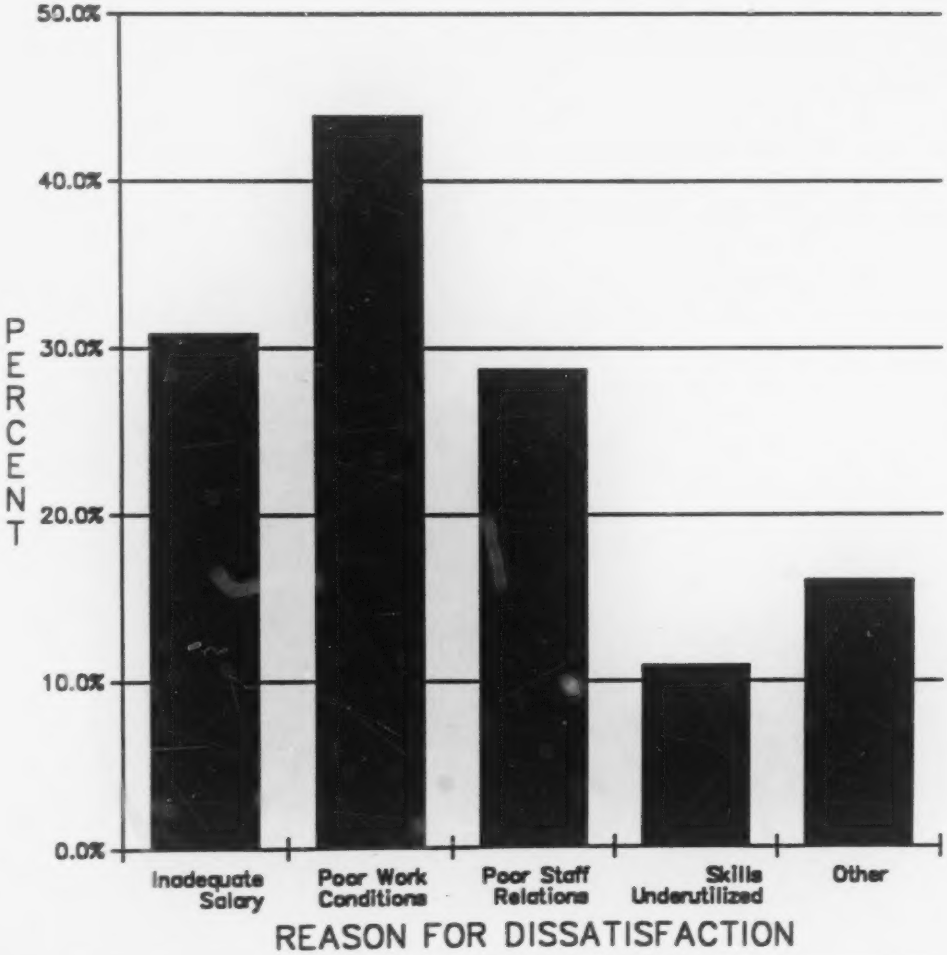
East South Central Region

Respondents most often cited "working in desired specialty" as their main source of satisfaction. "Flexible hours/schedule" was second in popularity.



MAIN SOURCE OF JOB DISSATISFACTION BY NEWLY LICENSED NURSES

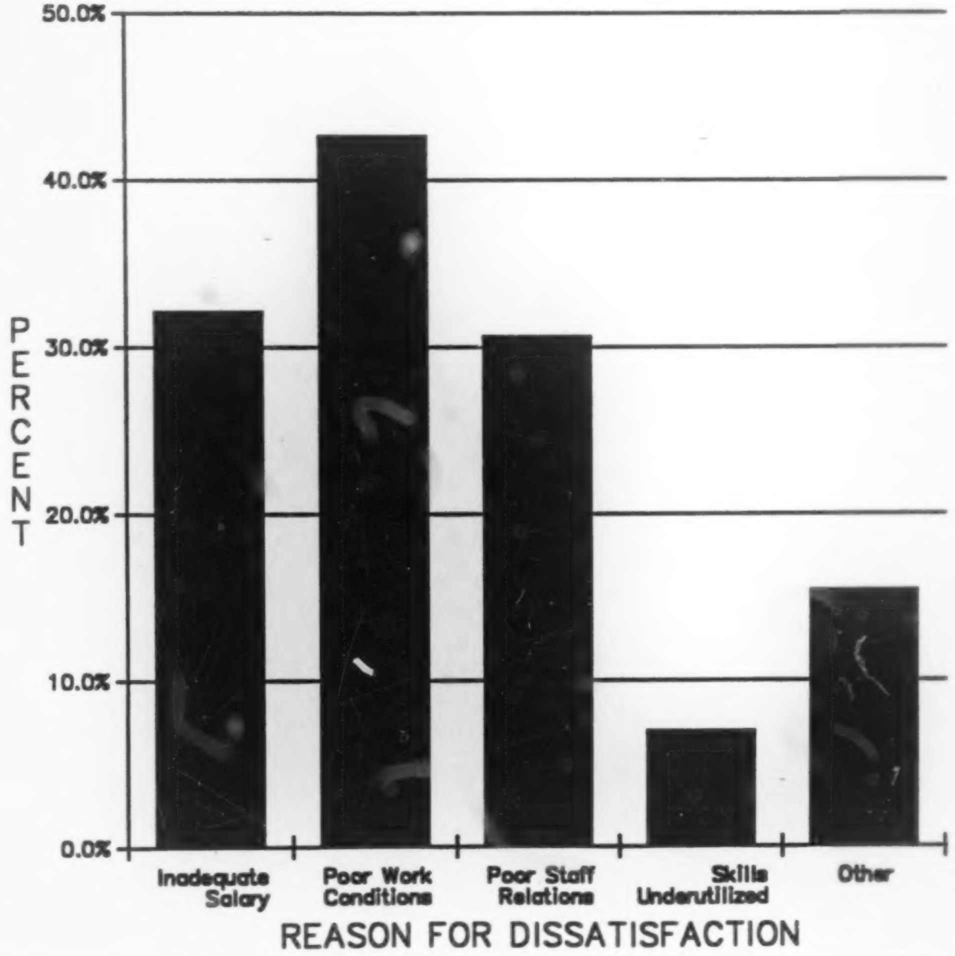
"Poor working conditions" was most often cited as a source of job dissatisfaction, followed by "inadequate salary" and "poor staff relations."



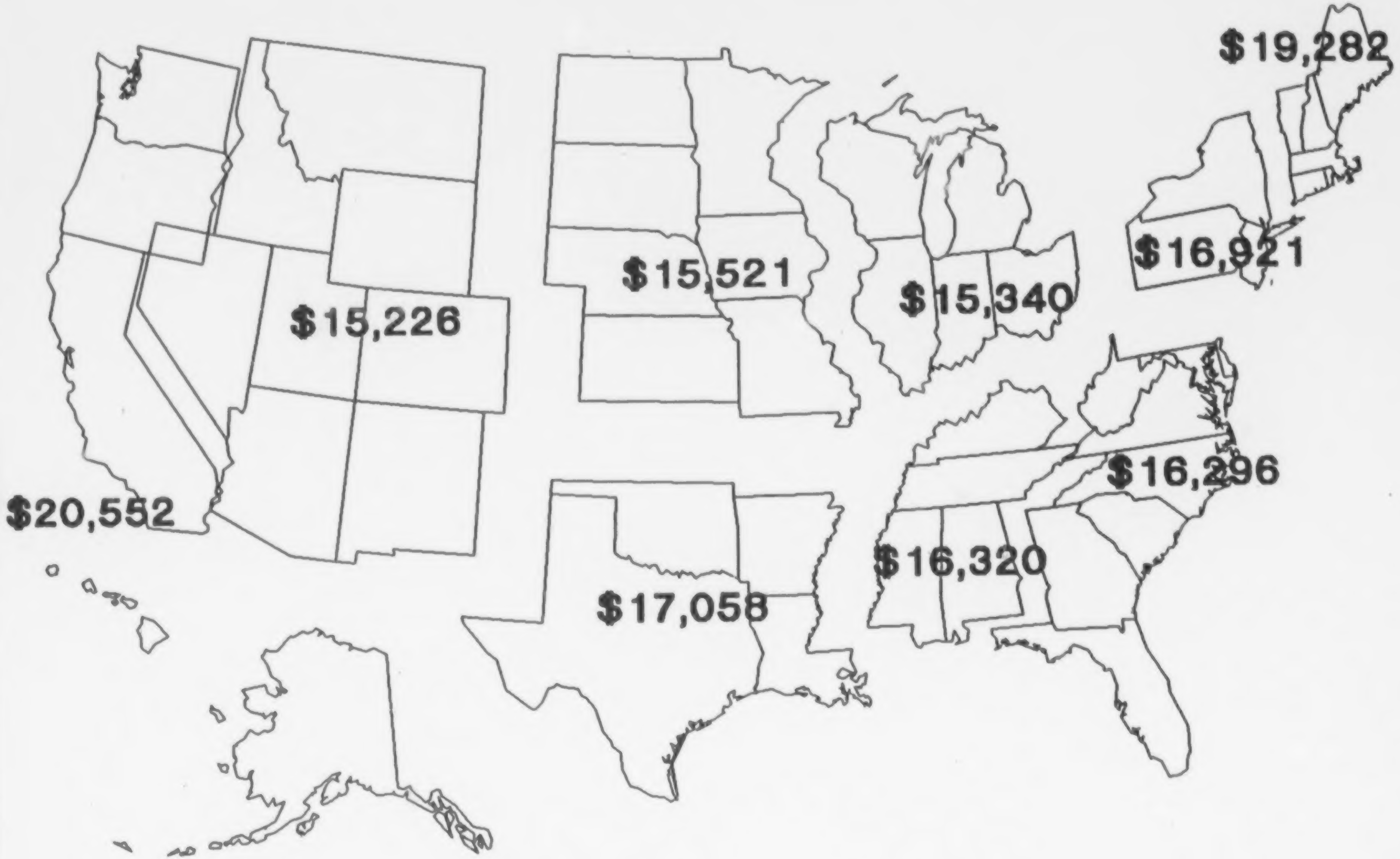
MAIN SOURCE OF JOB DISSATISFACTION AMONG NEWLY LICENSED NURSES, 1990

East South Central Region

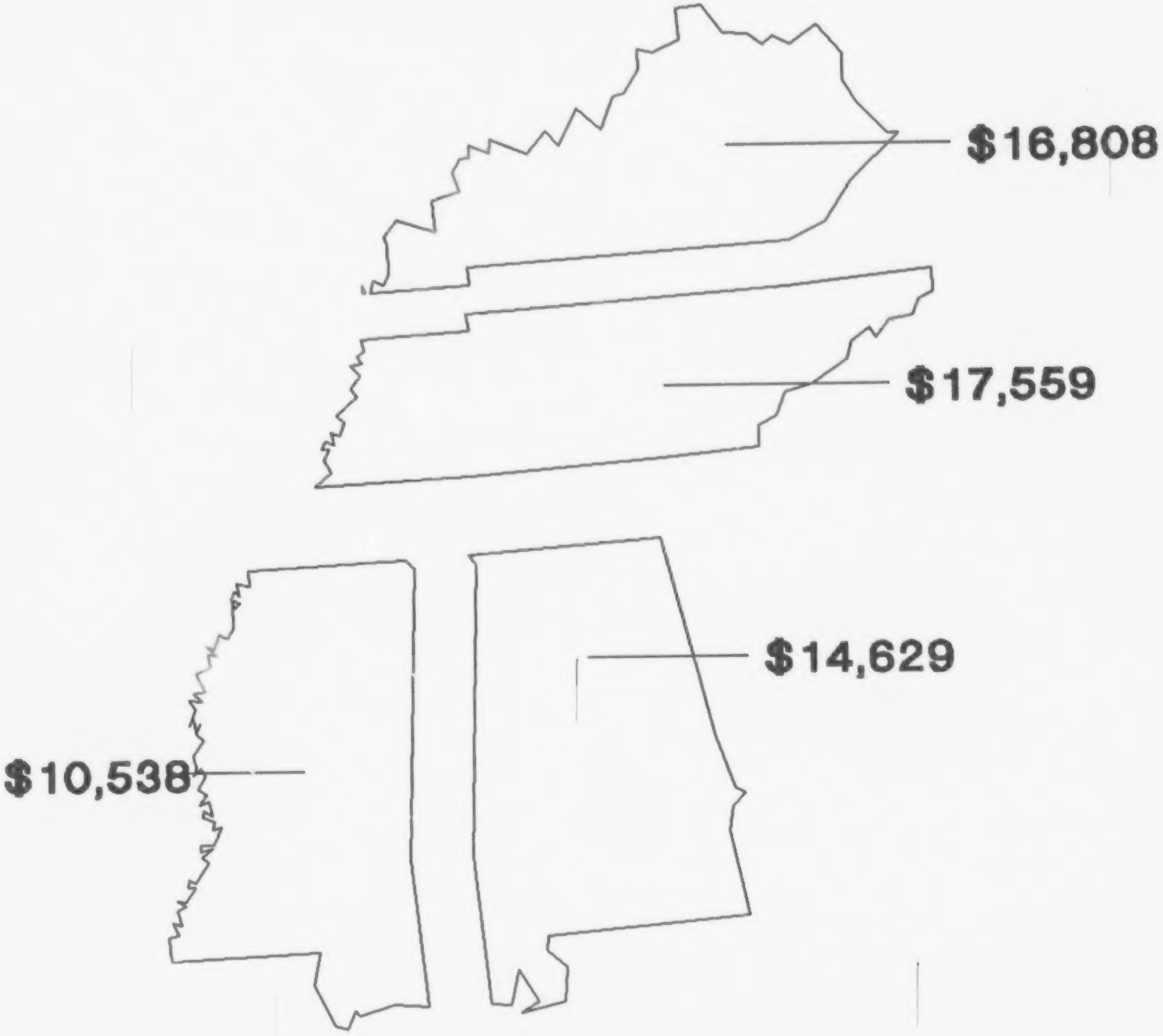
"Poor working conditions" was ranked highest as a source of job dissatisfaction. "Inadequate salary" ranked second and "poor staff relations" third.



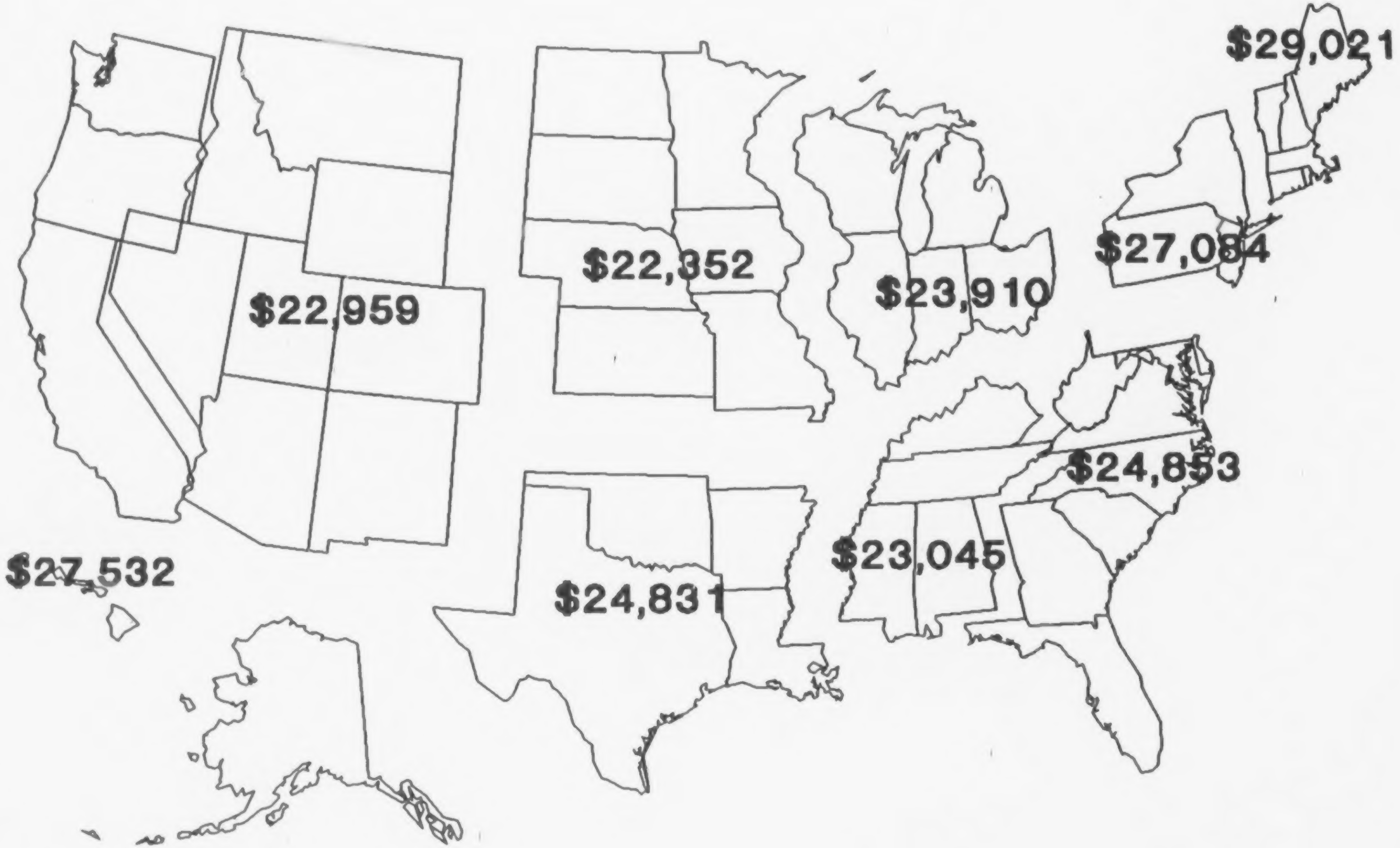
Mean Part-Time Salaries


$19,282
$16,921
$15,521
$15,340
$15,226
$16,296
$20,552
$16,320
$17,058

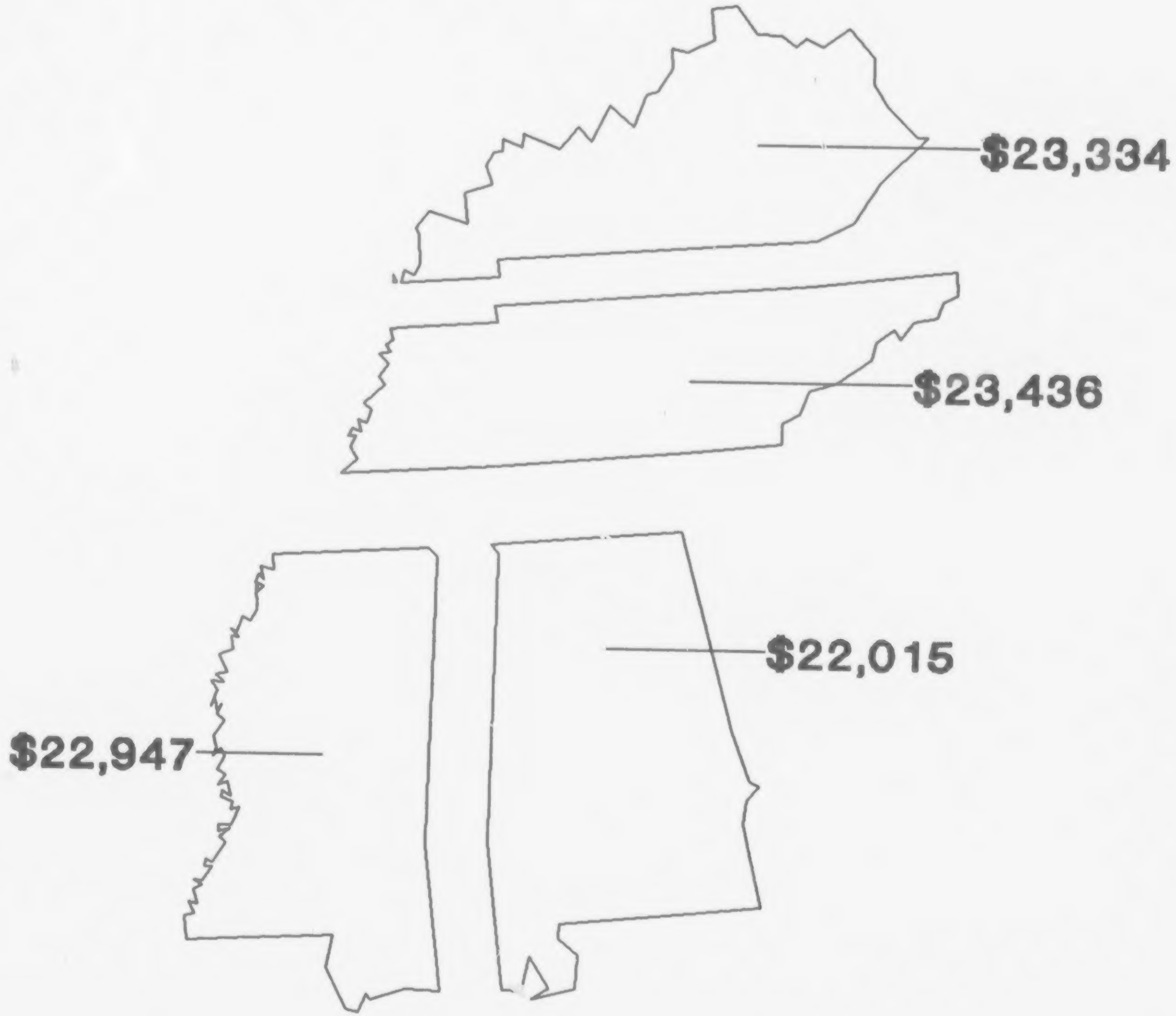
Mean Part-time Salaries
East South Central


$16,808
$17,559
$14,629
$10,538

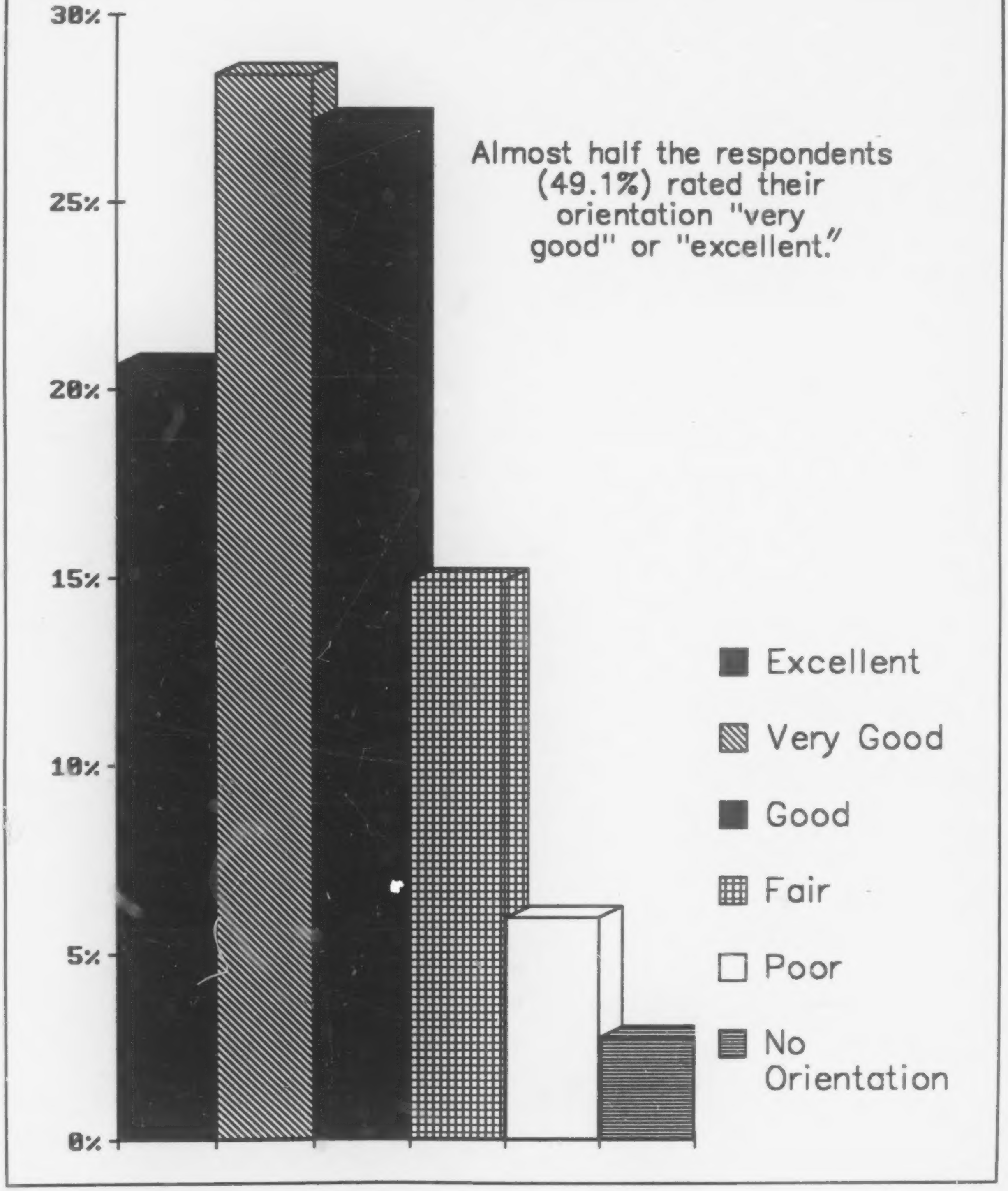
Mean Full-time Salaries


$29,021
$27,084
$23,910
$22,352
$22,959
$24,853
$23,045
$24,831
$27,532

Mean Full-time Salaries
East South Central


$23,334
$23,436
$22,015
$22,947

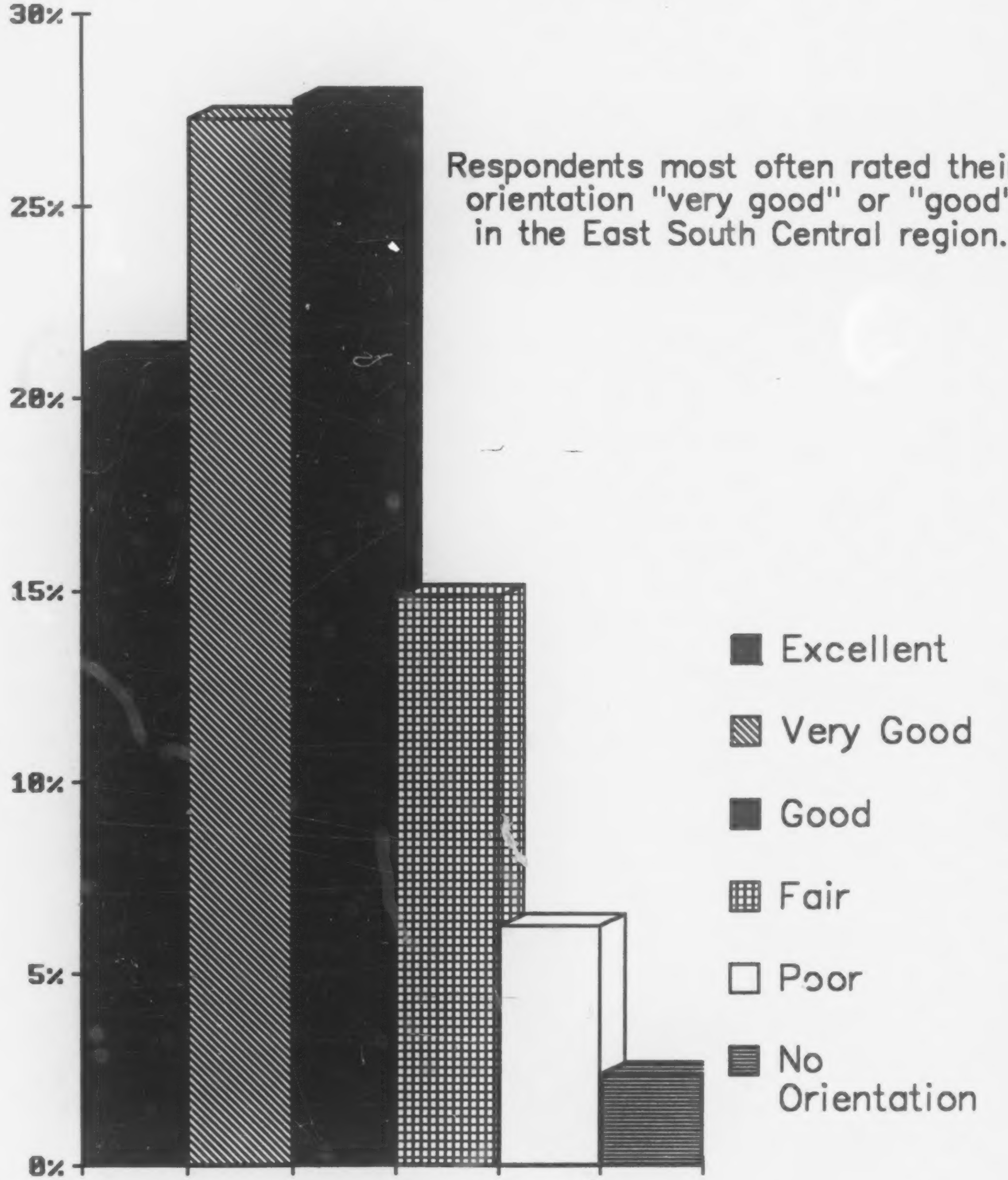
PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES, 1990



Almost half the respondents (49.1%) rated their orientation "very good" or "excellent."

PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES, 1990

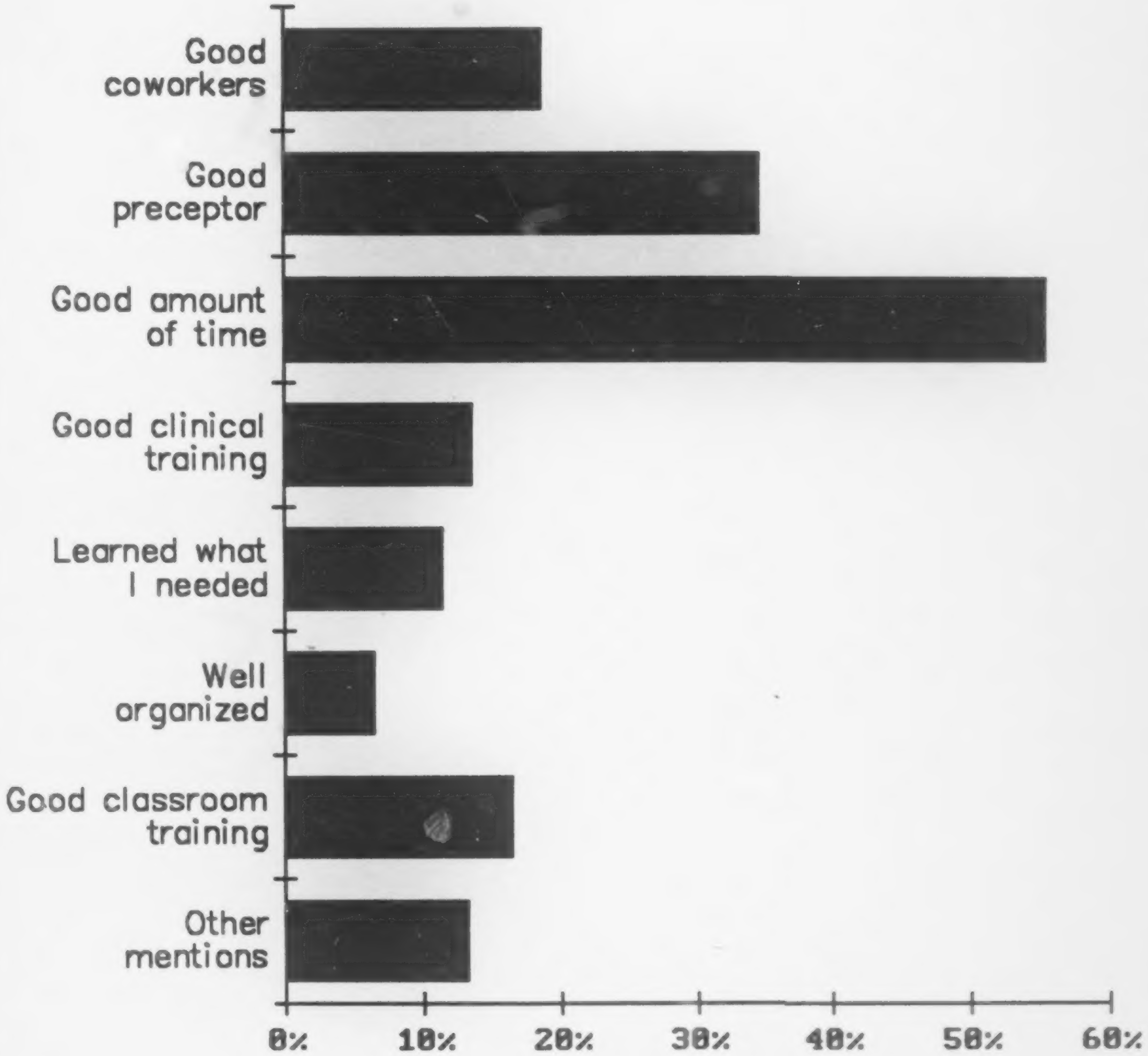
East South Central Region



Respondents most often rated their orientation "very good" or "good" in the East South Central region.

*Positive Evaluation of Orientations Among Newly Licensed Nurses

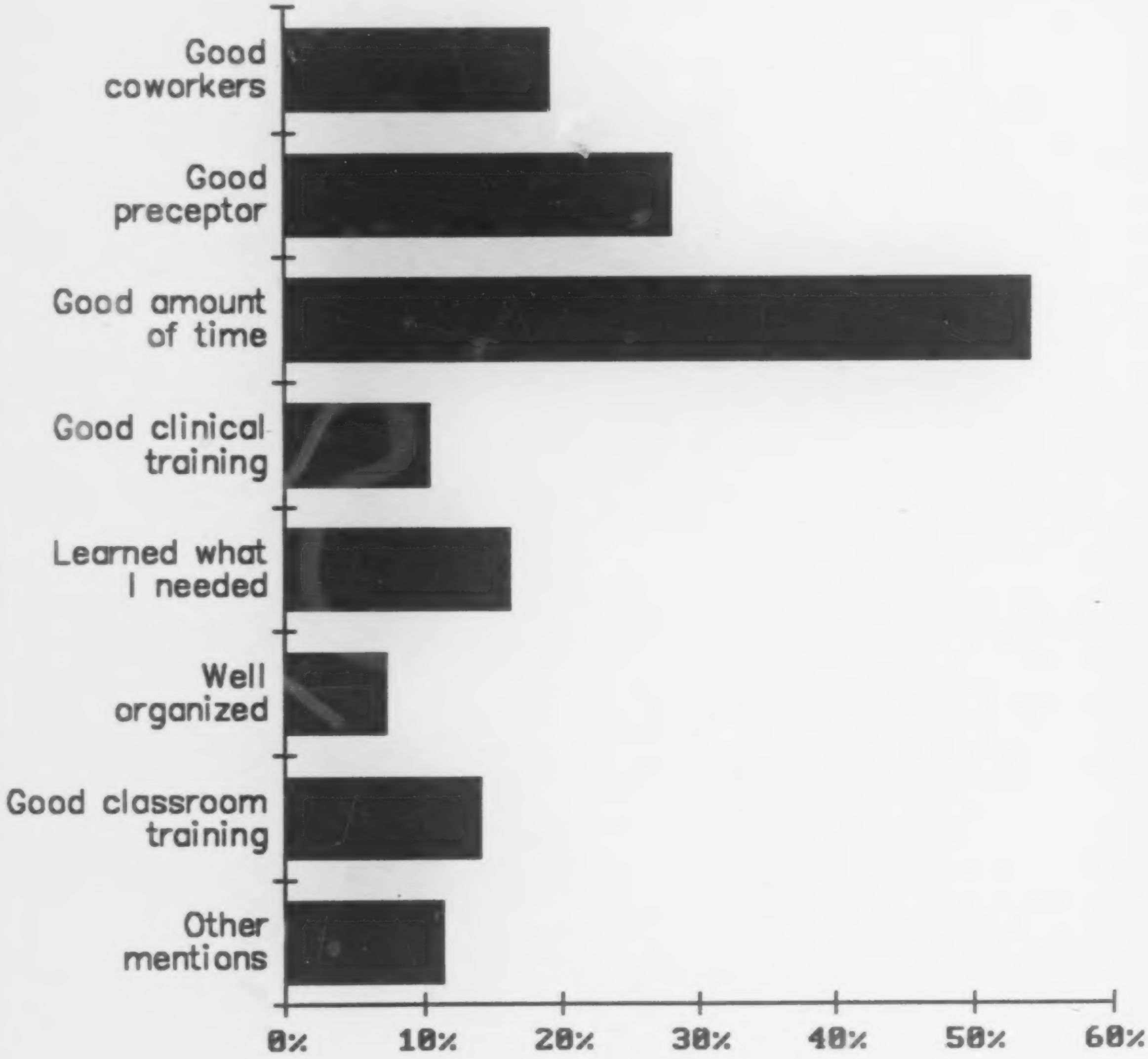
New nurses most often cited "good amount of time" as a reason for their positive evaluation.



*Multiple responses were allowed for this question. Therefore, the sum of all responses will be greater than 100 percent.
*Positive = excellent and very good.

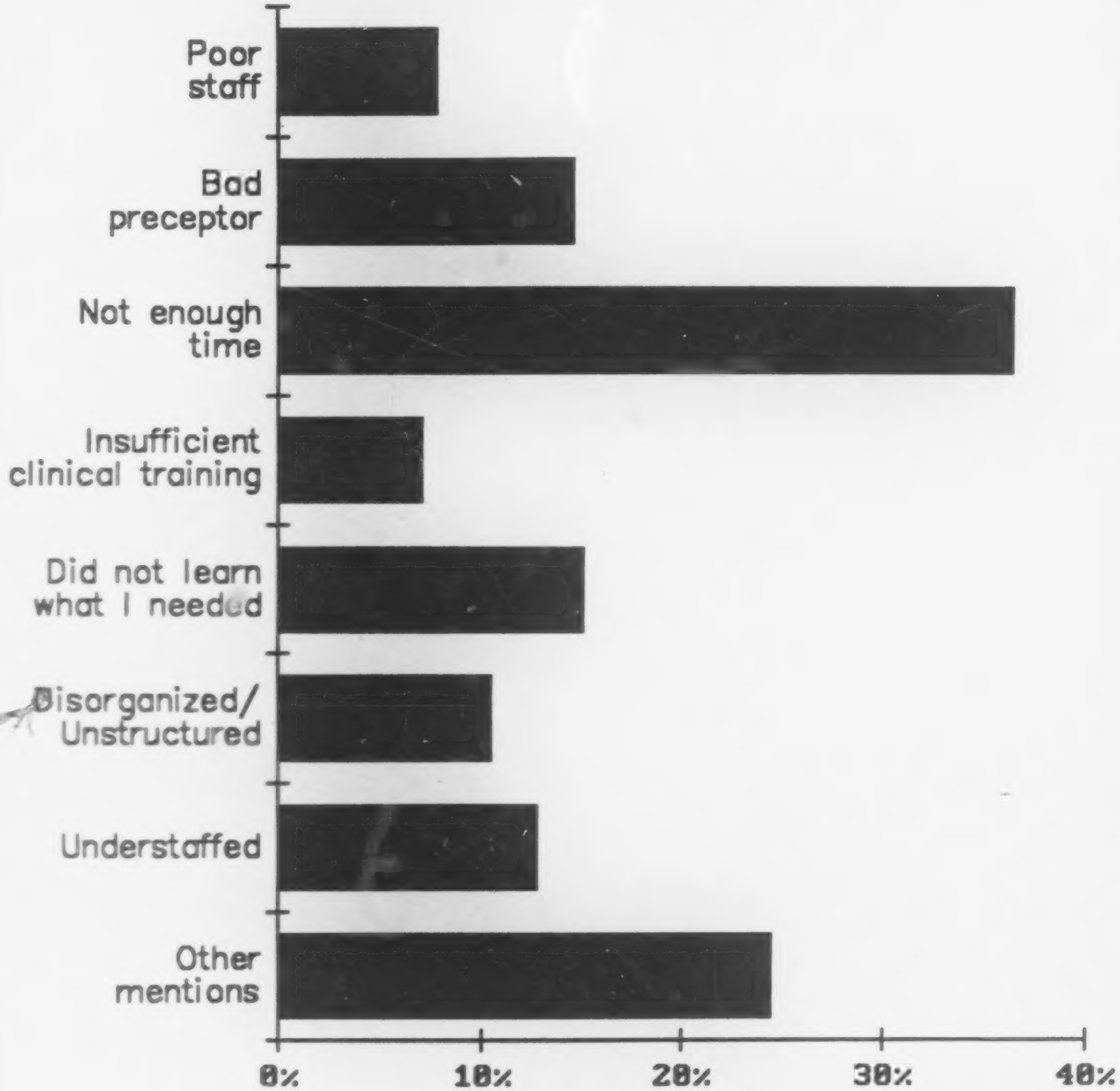
Positive Evaluation of Orientations Among Newly Licensed Nurses
East South Central Region

New nurses most often cited "good amount of time" as a reason for their positive evaluation.



*Neutral or Negative Evaluation of Orientations Among Newly Licensed Nurses

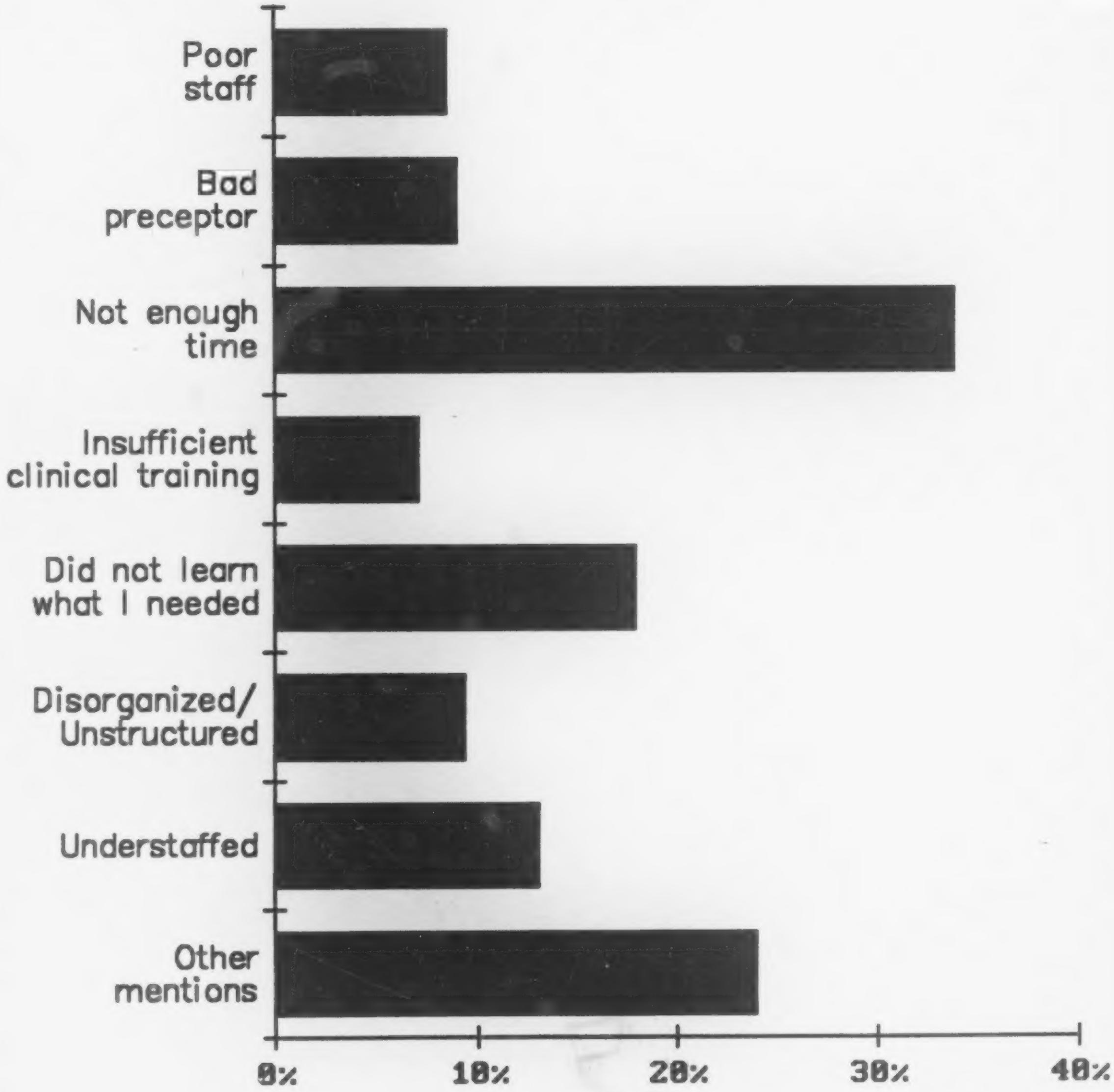
New nurses most often cited "not enough time" as a reason for their neutral or negative evaluation.



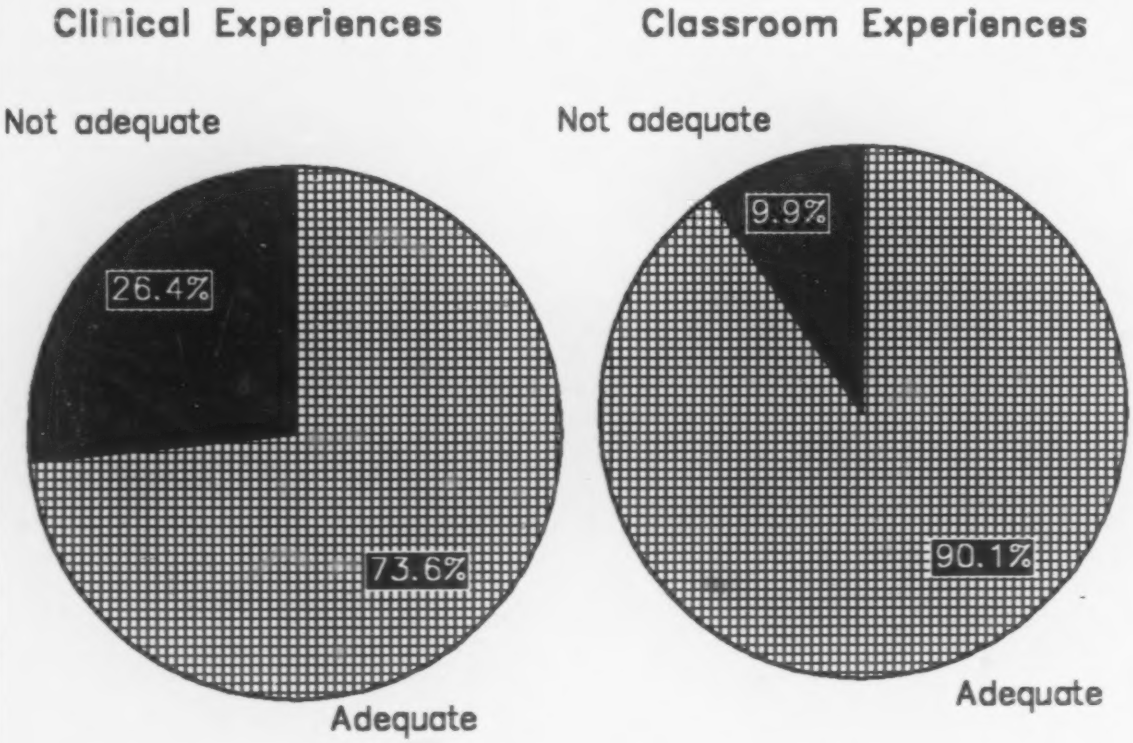
*Multiple responses were allowed for this question. Therefore, the sum of all responses will be greater than 100 percent.
*Neutral or negative = good, fair or poor.

Neutral or Negative Evaluation of Orientations Among Newly Licensed Nurses
East South Central Region

New nurses most often cited "not enough time" as a reason for their neutral or negative evaluation.

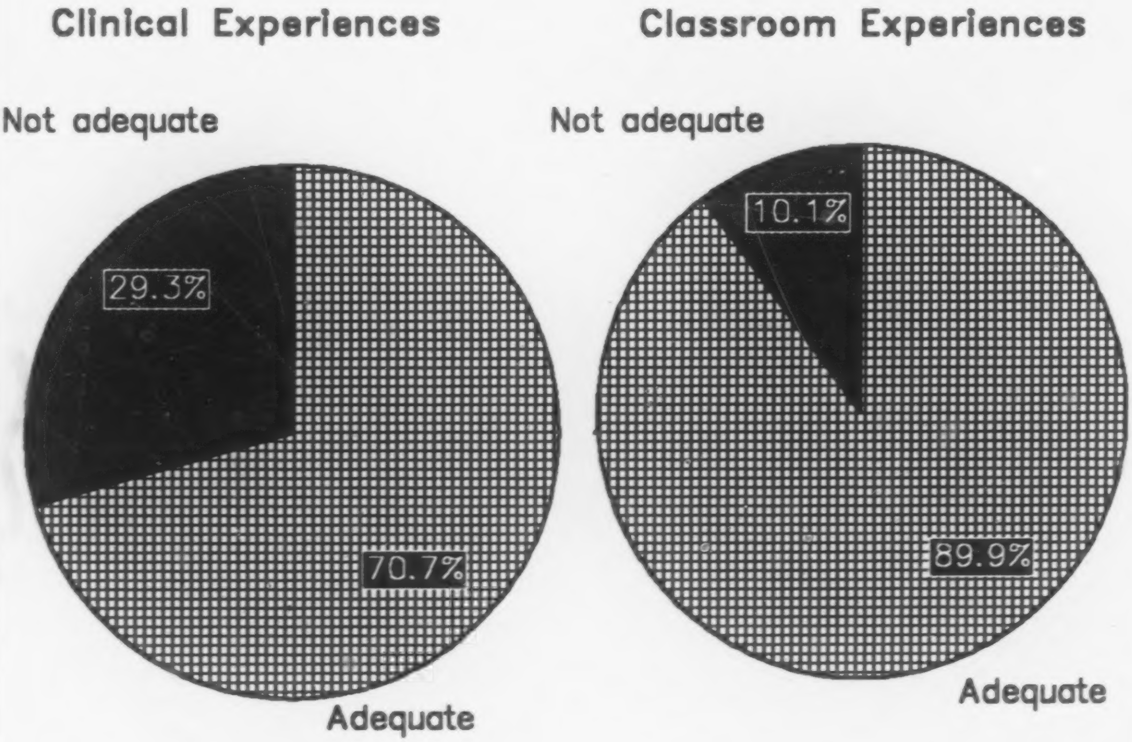


PERCEIVED ADEQUACY OF NURSING EDUCATION AMONG NEWLY LICENSED NURSES, 1990



Almost three–quarters of newly licensed nurses felt their clinical experiences were adequate for their current job. A larger 90% felt their classroom experiences were adequate.

PERCEIVED ADEQUACY OF NURSING EDUCATION AMONG NEWLY LICENSED NURSES, 1990
East South Central Region



Clinical experiences received a lower approval rating (71%) than classroom experiences (90%).

Section 3
CMSA Analysis: Numeric Tables

Analysis of Consolidated Metropolitan Statistical Areas

American society is increasingly centralized around the major urban cities—New York, Los Angeles, Chicago, and Houston. Health care services, particularly hospitals, are also concentrated within metropolitan areas. This special analysis of newly licensed nurses in what the Census Bureau terms Consolidated Metropolitan Statistical Areas (CMSAs), has been provided to assist health care executives in gaining a better understanding of the trends in America's largest cities. Great variation exists among the different regions of the country in relation to the demographic and employment characteristics of the nation's newly licensed nurses. Similarly, the unique financial and demographic circumstances within each metropolitan area result in vastly different local economies and labor forces.

A selected group of tables has been designed to highlight some of the differences among the various CMSAs. Keep in mind that the upcoming figures are based on the responses of those newly licensed nurses currently residing or working in a CMSA *only* and represent approximately one-quarter of the total cohort of new RNs. For a fuller and more meaningful understanding of the trends, these CMSA data may be compared with the national and regional figures presented in the earlier sections of this report.

Table CMSA-1
NUMBER OF NEWLY LICENSED NURSES BY CMSA AND TYPE OF NURSING EDUCATIONAL PROGRAM

			PROGRAM TYPE					
	TOTAL		DIPLOMA		ASSOCIATE DEGREE		BACCALAUREATE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,540	100.0	738	9.8	4,129	54.8	2,673	35.5
BOSTON-LAWRENCE-SALEM	385	100.0	53	13.8	186	48.3	146	37.9
BUFFALO-NIAGARA FALLS	192	100.0	13	6.8	105	54.7	74	38.5
CHICAGO-GARY-LAKE CO	663	100.0	30	4.5	351	52.9	282	42.5
CINCINNATI-HAMILTON	246	100.0	48	19.5	127	51.6	71	28.9
CLEVELAND-AKRON-LORAINE	401	100.0	72	18.0	168	41.9	161	40.1
DALLAS-FORT WORTH	218	100.0			126	57.8	92	42.2
DENVER-BOULDER	156	100.0	3	1.9	90	57.7	63	40.4
DETROIT-ANN ARBOR	583	100.0	23	3.9	344	59.0	216	37.0
HOUSTON-GALVESTON-BROZONA	244	100.0			172	70.5	72	29.5
LA-ANAHEIM-RIVERSIDE	718	100.0	39	5.4	574	79.9	105	14.6
MIAMI-FORT LAUDERDALE	109	100.0	10	9.2	57	52.3	42	38.5
MILWAUKEE-RACINE	167	100.0	13	7.8	66	39.5	88	52.7
NEW YORK-NEW JERSEY	1,275	100.0	147	11.5	658	51.6	470	36.9
PHILA-WILMINGTON-TRENTON	921	100.0	152	16.5	431	46.8	338	36.7
PITTSBURGH-BEAVER VALLEY	472	100.0	131	27.8	190	40.3	151	32.0
PORTLAND-VANCOUVER	158	100.0			80	50.6	78	49.4
SF-OAKLAND-SAN JOSE	424	100.0	3	.7	282	66.5	139	32.8
SEATTLE-TACOMA	208	100.0	1	.5	122	58.7	85	40.9

Table 1: Number of Newly Licensed Nurses by CMSA and Type of Nursing Education

A majority (54.8%) of new RNs residing in a CMSA graduated from an associate degree program. More than a third prepared at the baccalaureate level and about 10% received diplomas. As a group, new RNs living in cities are *less* likely to have studied at the ADN level when compared to the rest of the newly licensed nurse cohort.

The greatest proportion of diploma graduates are situated in the Pittsburgh area and the largest proportion of baccalaureate graduates are located in Milwaukee. Associate degree graduates are most prevalent in Los Angeles.

Table CMSA-2
NEWLY LICENSED NURSES BY CMSA AND JOB HUNTING EXPERIENCES

			JOB-HUNTING EXPERIENCES									
	TOTAL		MANY JOBS		FAIR NUMBER		VERY FEW		CAN'T SAY-TOOK JOB AT CLINICAL SITE		CAN'T SAY-VOLUNTARILY UNEMPLOYED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,491	100.0	4,959	66.2	1,500	20.0	130	1.7	830	11.1	72	1.0
METROPOLITAN AREA												
BOSTON-LAWRENCE-SALEM	392	100.0	130	33.2	144	36.7	43	11.0	71	18.1	4	1.0
BUFFALO-NIAGARA FALLS	192	100.0	126	65.6	37	19.3	3	1.6	24	12.5	2	1.0
CHICAGO-GARY-LAKE CO	659	100.0	482	73.1	109	16.5	7	1.1	56	8.5	5	.8
CINCINNATI-HAMILTON	245	100.0	161	65.7	37	15.1	8	3.3	35	14.3	4	1.6
CLEVELAND-AKRON-LORAINE	408	100.0	254	62.3	90	22.1	2	.5	61	15.0	1	.2
DALLAS-FORT WORTH	215	100.0	153	71.2	30	14.0	2	.9	27	12.6	3	1.4
DENVER-BOULDER	155	100.0	104	67.1	31	20.0	3	1.9	17	11.0		
DETROIT-ANN ARBOR	579	100.0	421	72.7	83	14.3	9	1.6	60	10.4	6	1.0
HOUSTON-GALVESTON-BROZONA	242	100.0	197	81.4	23	9.5	1	.4	19	7.9	2	.8
LA-ANAHEIM-RIVERSIDE	709	100.0	446	62.9	170	24.0	15	2.1	71	10.0	7	1.0
MIAMI-FORT LAUDERDALE	108	100.0	73	67.6	26	24.1	1	.9	7	6.5	1	.9
MILWAUKEE-RACINE	167	100.0	119	71.3	33	19.8	2	1.2	11	6.6	2	1.2
NEW YORK-NEW JERSEY	1,256	100.0	853	67.9	250	19.9	10	.8	130	10.4	13	1.0
PHILA-WILMINGTON-TRENTON	913	100.0	605	66.3	163	17.9	8	.9	132	14.5	5	.5
PITTSBURGH-BEAVER VALLEY	466	100.0	361	77.5	60	12.9	3	.6	40	8.6	2	.4
PORTLAND-VANCOUVER	155	100.0	91	58.7	42	27.1	4	2.6	14	9.0	4	2.6
SF-OAKLAND-SAN JOSE	423	100.0	267	63.1	107	25.3	5	1.2	34	8.0	10	2.4
SEATTLE-TACOMA	207	100.0	116	56.0	65	31.4	4	1.9	21	10.1	1	.5

Table 2: Newly Licensed Nurses by CMSA and Job Hunting Experiences

Demand for newly licensed nurses nationwide is great and two-thirds of new RNs residing in CMSAs claim that "many jobs" were available when the were job hunting. However, great diversity exists among the different CMSAs with over 80% of new RNs in Houston stating that "many jobs" were available and only 33% of Boston's new RNs stating the same.

Table CMSA-3
NEWLY LICENSED NURSES BY CMSA AND EMPLOYMENT SETTING

	TOTAL		EMPLOYMENT SETTING							
			HOSPITAL		NURSING HOME		COMMUNITY/HOME/ PUBLIC HEALTH AGENCY		SCHOOL NURSE/ PHYSICIAN'S OFFICE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,194	100.0	6,785	94.3	191	2.7	134	1.9	84	1.2
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	372	100.0	343	92.2	18	4.8	7	1.9	4	1.1
BUFFALO-NIAGARA FALLS	182	100.0	167	91.8	7	3.8	4	2.2	4	2.2
CHICAGO-GARY-LAKE CO	640	100.0	610	95.3	11	1.7	12	1.9	7	1.1
CINCINNATI-HAMILTON	231	100.0	213	92.2	11	4.8	4	1.7	3	1.3
CLEVELAND-AKRON-LORAINE	393	100.0	372	94.7	15	3.8	5	1.3	1	.3
DALLAS-FORT WORTH	208	100.0	188	90.4	4	1.9	6	2.9	10	4.8
DENVER-BOULDER	151	100.0	142	94.0	4	2.6	4	2.6	1	.7
DETROIT-ANN ARBOR	566	100.0	541	95.6	11	1.9	12	2.1	2	.4
HOUSTON-GALVESTON-BROZONA	230	100.0	216	93.9			6	2.6	8	3.5
LA-ANAHEIM-RIVERSIDE	684	100.0	653	95.5	6	.9	12	1.8	13	1.9
MIAMI-FORT LAUDERDALE	107	100.0	104	97.2	1	.9	2	1.9		
MILWAUKEE-RACINE	162	100.0	147	90.7	13	8.0	1	.6	1	.6
NEW YORK-NEW JERSEY	1,211	100.0	1,139	94.1	35	2.9	30	2.5	7	.6
PHILA-WILMINGTON-TRENTON	879	100.0	841	95.7	20	2.3	11	1.3	7	.8
PITTSBURGH-BEAVER VALLEY	449	100.0	428	95.3	10	2.2	6	1.3	5	1.1
PORTLAND-VANCOUVER	147	100.0	134	91.2	9	6.1	1	.7	3	2.0
SF-OAKLAND-SAN JOSE	392	100.0	383	97.7	4	1.0	3	.8	2	.5
SEATTLE-TACOMA	190	100.0	164	86.3	12	6.3	8	4.2	6	3.2

Table 3: Newly Licensed Nurses by CMSA and Employment Setting

Over 94% of new RNs residing in cities work in hospitals. This figure is sightly larger than that of the national figure of 91% suggesting that, in metropolitan areas, more opportunities are available in acute care settings. Among the CMSAs, Seattle contains the greatest percentage of new RNs employed in nursing homes and community/public health and Dallas contains the largest percentage working in schools and/or physician's offices.

Table CMSA-4
NEWLY LICENSED NURSES BY CMSA AND SIZE OF HOSPITAL OF EMPLOYMENT*

			HOSPITAL SIZE							
	TOTAL		6 TO 99 BEDS		100 TO 299 BEDS		300 TO 499 BEDS		500 BEDS OR MORE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	5,136	100.0	195	3.8	1,419	27.6	1,666	32.4	1,856	36.1
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	255	100.0	13	5.1	97	38.0	89	34.9	56	22.0
BUFFALO-NIAGARA FALLS	124	100.0	5	4.0	28	22.6	39	31.5	52	41.9
CHICAGO-GARY-LAKE CO	442	100.0	22	5.0	114	25.8	146	33.0	160	36.2
CINCINNATI-HAMILTON	159	100.0	6	3.8	52	32.7	57	35.8	44	27.7
CLEVELAND-AKRON-LORAINE	281	100.0	11	3.9	69	24.6	76	27.0	125	44.5
DALLAS-FORT WORTH	142	100.0	11	7.7	39	27.5	35	24.6	57	40.1
DENVER-BOULDER	108	100.0	1	.9	42	38.9	44	40.7	21	19.4
DETROIT-ANN ARBOR	415	100.0	11	2.7	84	20.2	123	29.6	197	47.5
HOUSTON-GALVESTON-BROZONA	169	100.0	11	6.5	50	29.6	33	19.5	75	44.4
LA-ANAHEIM-RIVERSIDE	504	100.0	25	5.0	159	31.5	175	34.7	145	28.8
MIAMI-FORT LAUDERDALE	82	100.0	1	1.2	20	24.4	21	25.6	40	48.8
MILWAUKEE-RACINE	100	100.0	4	4.0	41	41.0	37	37.0	18	18.0
NEW YORK-NEW JERSEY	871	100.0	11	1.3	154	17.7	283	32.5	423	48.6
PHILA-WILMINGTON-TRENTON	640	100.0	24	3.7	216	33.7	200	31.3	200	31.3
PITTSBURGH-BEAVER VALLEY	348	100.0	7	2.0	85	24.4	117	33.6	139	39.9
PORTLAND-VANCOUVER	92	100.0	8	8.7	20	21.7	47	51.1	17	18.5
SF-OAKLAND-SAN JOSE	283	100.0	13	4.6	112	39.6	97	34.3	61	21.6
SEATTLE-TACOMA	121	100.0	11	9.1	37	30.6	47	38.8	26	21.5

*ASKED ON[illegible] EMPLOYED IN HOSPITALS

Table 4: Newly Licensed Nurses by CMSA and Size of Hospital

There is little variation in the size of the hospitals in which newly licensed nurses are employed. Less than 10% separates the newly licensed nurses employed in hospitals containing 100 to 299 beds and those working in institutions with 500 or more beds. A very small group of newly licensed nurses are employed in hospitals with less than 100 beds.

Table CMSA-5
NEWLY LICENSED NURSES BY CMSA AND LENGTH OF JOB HUNT

	TOTAL		LENGTH OF JOB HUNT—EMPLOYED IN NURSING							
			FOUND BEFORE GRADUATION		ONE MONTH OR LESS		2 TO 3 MONTHS		4 TO 6 MONTHS	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,334	100.0	5,654	77.1	1,123	15.3	393	5.4	164	2.2
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	378	100.0	287	75.9	48	12.7	31	8.2	12	3.2
BUFFALO-NIAGARA FALLS	186	100.0	146	78.5	29	15.6	[illegible]	4.8	2	1.1
CHICAGO-GARY-LAKE CO	647	100.0	489	75.6	113	17.5	35	5.4	10	1.5
CINCINNATI-HAMILTON	238	100.0	202	84.9	25	10.5	7	2.9	4	1.7
CLEVELAND-AKRON-LORAINE	399	100.0	336	84.2	47	11.8	15	3.8	1	.3
DALLAS-FORT WORTH	211	100.0	169	[illegible]	31	14.7	8	3.8	3	1.4
DENVER-BOULDER	154	100.0	124	80.5	23	14.9	7	4.5		
DETROIT-ANN ARBOR	570	100.0	462	81.1	71	12.5	25	4.4	12	2.1
HOUSTON-GALVESTON-BROZONA	236	100.0	180	76.3	47	19.9	4	1.7	5	2.1
LA-ANAHEIM-RIVERSIDE	695	100.0	461	66.3	162	23.3	47	6.8	25	3.6
MIAMI-FORT LAUDERDALE	107	100.0	70	65.4	27	25.2	7	6.5	3	2.8
MILWAUKEE-RACINE	164	100.0	130	79.3	25	15.2	7	4.3	2	1.2
NEW YORK-NEW JERSEY	1,234	100.0	882	71.5	203	16.5	103	8.3	46	3.7
PHILA-WILMINGTON-TRENTON	900	100.0	796	88.4	73	8.1	25	2.8	6	.7
PITTSBURGH-BEAVER VALLEY	461	100.0	403	87.4	42	9.1	12	2.6	4	9
PORTLAND-VANCOUVER	151	100.0	115	76.2	22	14.6	8	5.3	6	4.0
SF-OAKLAND-SAN JOSE	400	100.0	259	64.7	101	25.2	23	5.7	17	4.2
SEATTLE-TACOMA	203	100.0	143	70.4	34	16.7	20	9.9	6	3.0

Table 5: Newly Licensed Nurses by CMSA and Length of Job Hunt

The length of time necessary to find a job is a good measure of demand and, generally speaking, over 90% of newly licensed nurses in CMSAs found jobs before or within one month of graduation indicating that demand for new RNs is very strong. The degree of demand, however, varies among the nation's cities. New RNs in the New York/New Jersey CMSA and the Seattle-Tacoma area state that it took slightly longer to find a job than their counterparts in the rest of the country. Nurses in the two CMSAs in Pennsylvania reported greater ease in locating their first job.

Table CMSA-6
NEWLY LICENSED NURSES BY CMSA AND ACTIVITY STATUS

			ACTIVITY STATUS					
	TOTAL		FULL-TIME		PART-TIME <20 HOURS		PART-TIME 20+	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,332	100.0	6,181	84.3	202	2.8	949	12.9
METROPOLITAN AREA								
BOSTON-LAWRENCE-SALEM	379	100.0	306	80.7	14	3.7	59	15.6
BUFFALO-NIAGARA FALLS	184	100.0	157	85.3	5	2.7	22	12.0
CHICAGO-GARY-LAKE CO	647	100.0	541	83.6	14	2.2	92	14.2
CINCINNATI-HAMILTON	238	100.0	189	79.4	8	3.4	41	17.2
CLEVELAND-AKRON-LORAINE	400	100.0	358	89.5	8	2.0	34	8.5
DALLAS-FORT WORTH	211	100.0	197	93.4	1	.5	13	6.2
DENVER-BOULDER	153	100.0	134	87.6	3	2.0	16	10.5
DETROIT-ANN ARBOR	572	100.0	455	79.5	28	4.9	89	15.6
HOUSTON-GALVESTON-BROZONA	237	100.0	222	93.7	5	2.1	10	4.2
LA-ANAHEIM-RIVERSIDE	694	100.0	564	81.3	32	4.6	98	14.1
MIAMI-FORT LAUDERDALE	109	100.0	94	86.2	3	2.8	12	11.0
MILWAUKEE-RACINE	164	100.0	140	85.4	3	1.8	21	12.8
NEW YORK-NEW JERSEY	1,232	100.0	1,101	89.4	31	2.5	100	8.1
PHILA-WILMINGTON-TRENTON	898	100.0	760	84.6	19	2.1	119	13.3
PITTSBURGH-BEAVER VALLEY	462	100.0	441	95.5	7	1.5	14	3.0
PORTLAND-VANCOUVER	151	100.0	125	82.8	1	.7	25	16.6
SF-OAKLAND SAN JOSE	399	100.0	239	59.9	12	3.0	148	37.1
SEATTLE-TACOMA	202	100.0	158	78.2	8	4.0	36	17.8

Table 6: Newly Licensed Nurses by CMSA and Activity Status

A large majority (84.3%) of new RNs in CMSAs are employed full-time and an additional 13% are working part-time, 20 hours or more a week. Newly licensed nurses in San Francisco are *least* likely to work full-time and new RNs in Pittsburgh are *most* likely to work full-time.

Table CMSA-7
REASON FOR CHOOSING CURRENT POSITION AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		PRIOR EXPERIENCE		SALARY BENEFITS		REPUTATION OF INSTITUTION		LOCATION		CHOSEN SPECIALTY		SHIFT/HOURS		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	7,846	28.0	2,195	11.9	934	15.9	1,250	12.6	991	32.2	2,527	2.5	198	5.6	443
BOSTON-LAWRENCE-SALEM	100.0	403	30.5	123	13.4	54	19.6	79	11.7	47	26.8	107	1.7	7	5.2	21
BUFFALO-NIAGARA FALLS	100.0	199	34.2	68	11.6	23	13.1	26	16.1	32	28.1	56	2.5	5	4.0	8
CHICAGO-GARY-LAKE CO	100.0	708	28.7	203	12.4	88	16.5	117	14.3	101	26.6	188	2.4	17	5.8	41
CINCINNATI-HAMILTON	100.0	247	34.4	85	10.1	25	10.5	26	10.5	26	35.6	88	2.0	5	5.7	14
CLEVELAND-AKRON-LORAINE	100.0	431	31.1	134	11.1	48	14.6	63	10.7	46	33.9	146	3.2	14	8.1	35
DALLAS-FORT WORTH	100.0	232	19.8	46	9.1	21	13.4	31	9.9	23	46.6	108	3.0	7	4.3	10
DENVER-BOULDER	100.0	160	20.0	32	12.5	20	18.8	30	6.9	11	38.1	61	3.1	5	8.7	15
DETROIT-ANN ARBOR	100.0	603	34.5	208	10.3	62	11.6	70	11.4	69	32.3	195	3.2	19	4.0	24
HOUSTON-GALVESTON-BROZONA	100.0	248	21.4	53	11.3	28	12.1	30	14.5	36	37.1	92	2.4	6	5.2	13
LA-ANAHEIM-RIVERSIDE	100.0	748	24.5	183	13.0	97	16.4	123	12.4	93	36.5	273	2.4	18	6.1	46
MIAMI-FORT LAUDERDALE	100.0	119	30.3	36	12.6	15	11.8	14	12.6	15	31.9	38	5.0	6	7.6	9
MILWAUKEE-RACINE	100.0	172	24.4	42	13.4	23	12.2	21	7.0	12	37.8	65	4.7	8	5.2	9
NEW YORK-NEW JERSEY	100.0	1,324	28.5	378	11.2	148	18.1	239	14.7	194	28.9	382	2.6	34	5.4	72
PHILA-WILMINGTON-TRENTON	100.0	967	27.9	270	11.0	106	16.4	159	12.6	122	32.1	310	2.5	24	5.9	57
PITTSBURGH-BEAVER VALLEY	100.0	484	28.1	136	15.1	73	11.6	56	15.5	75	29.5	143	1.0	5	4.5	22
PORTLAND-VANCOUVER	100.0	162	21.6	35	17.9	29	19.1	31	11.1	18	33.3	54	3.1	5	9.3	15
SF-OAKLAND-SAN JOSE	100.0	428	22.9	98	12.1	52	25.0	107	12.4	53	34.3	147	1.4	6	4.9	21
SEATTLE-TACOMA	100.0	211	30.8	65	10.4	22	13.3	28	8.5	18	35.1	74	3.3	7	5.7	12

Table 7: Reason for Choosing Current Position among Newly Licensed Nurses by CMSA

The primary factor influencing newly licensed nurses in choosing their current position is "opportunity to work in chosen specialty." "Prior experience in the institution" ranked second among the considerations for choosing their current job and "reputation of the institution" ranked third. These three factors head the list in all CMSAs except Buffalo, Cincinnati, Detroit, and Houston where "location" ranked among the top three. In Miami "salary/benefits" outranked "opportunity to work in chosen specialty."

Table CMSA-8
PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		EVALUATION OF EMPLOYMENT ORIENTATION									
			EXCELLENT		VERY GOOD		GOOD		FAIR		POOR	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,276	100.0	1,608	22.1	2,179	29.9	1937	26.6	1,008	13.9	399	5.5
BOSTON-LAWRENCE-SALEM	375	100.0	93	24.8	103	27.5	100	26.7	56	14.9	15	4.0
BUFFALO-NIAGARA FALLS	185	100.0	27	14.6	64	34.6	54	29.2	25	13.5	13	7.0
CHICAGO-GARY-LAKE CO	639	100.0	139	21.8	182	28.5	181	28.3	91	14.2	42	6.6
CINCINNATI-HAMILTON	237	100.0	48	20.3	80	33.8	62	26.2	28	11.8	9	3.8
CLEVELAND-AKRON-LORAINE	396	100.0	76	19.2	106	26.8	117	29.5	69	17.4	26	6.6
DALLAS-FORT WORTH	208	100.0	53	25.5	51	24.5	48	23.1	24	11.5	19	9.1
DENVER-BOULDER	153	100.0	51	33.3	43	28.1	36	23.5	13	8.5	8	5.2
DETROIT-ANN ARBOR	568	100.0	125	22.0	167	29.4	158	27.8	89	15.7	18	3.2
HOUSTON-GALVESTON-BROZONA	235	100.0	42	17.9	68	28.9	59	25.1	39	16.6	14	6.0
LA-ANAHEIM-RIVERSIDE	687	100.0	143	20.8	196	28.5	180	26.2	109	15.9	41	6.0
MIAMI-FORT LAUDERDALE	109	100.0	25	22.9	29	26.6	33	30.3	17	15.6	3	2.8
MILWAUKEE-RACINE	164	100.0	39	23.8	63	38.4	34	20.7	22	13.4	3	1.8
NEW YORK-NEW JERSEY	1,228	100.0	239	19.5	349	28.4	377	30.7	174	14.2	61	5.0
PHILA-WILMINGTON-TRENTON	891	100.0	191	21.4	298	33.4	224	25.1	107	12.0	63	7.1
PITTSBURGH-BEAVER VALLEY	461	100.0	112	24.3	131	28.4	120	26.0	65	14.1	30	6.5
PORTLAND-VANCOUVER	148	100.0	42	28.4	48	32.4	42	28.4	13	8.8	2	1.4
SF-OAKLAND-SAN JOSE	392	100.0	113	28.8	130	33.2	79	20.2	39	9.9	18	4.6
SEATTLE-TACOMA	200	100.0	50	25.0	71	35.5	33	16.5	28	14.0	14	7.0

Table 8: Perceived Quality of Orientation among Newly Licensed Nurses by CMSA

Over half of the new RNs in CMSAs stated that their orientation was very good or excellent. An additional 26.6% felt their orientation was good. Two percent state they had no orientation at all. Newly licensed nurses in San Francisco and Milwaukee were *more* likely to state that their orientation was very good/excellent whereas those in New York and Cleveland were *less* likely to respond so.

Table CMSA-9
NUMBER OF NURSING JOBS SINCE GRADUATION BY CMSA

	TOTAL		NUMBER OF JOBS SINCE RN LICENSURE							
			FIRST		SECOND		THIRD		FOURTH OR MORE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,342	100.0	5.981	81.5	1.158	15.8	148	2.0	55	.7
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	380	100.0	319	83.9	53	13.9	7	1.8	1	.3
BUFFALO-NIAGARA FALLS	185	100.0	157	84.9	22	11.9	4	2.2	2	1.1
CHICAGO-GARY-LAKE CO	646	100.0	522	80.8	105	16.3	15	2.3	4	.6
CINCINNATI-HAMILTON	238	100.0	188	79.0	42	17.6	8	3.4		
CLEVELAND-AKRON-LORAINE	400	100.0	323	80.7	67	16.7	5	1.2	5	1.2
DALLAS-FORT WORTH	210	100.0	160	76.2	42	20.0	5	2.4	3	1.4
DENVER-BOULDER	154	100.0	120	77.9	28	18.2	5	3.2	1	.6
DETROIT-ANN ARBOR	571	100.0	456	79.9	91	15.9	17	3.0	7	1.2
HOUSTON-GALVESTON-BROZONA	236	100.0	172	72.9	53	22.5	7	3.0	4	1.7
LA-ANAHEIM-RIVERSIDE	695	100.0	556	80.0	115	16.5	17	2.4	7	1.0
MIAMI-FORT LAUDERDALE	108	100.0	91	84.3	15	13.9	2	1.9		
MILWAUKEE-RACINE	164	100.0	129	78.7	29	17.7	4	2.4	2	1.2
NEW YORK-NEW JERSEY	1.236	100.0	1.038	84.0	176	14.2	17	1.4	5	.4
PHILA-WILMINGTON-TRENTON	900	100.0	750	83.3	140	15.6	8	.9	2	.2
PITTSBURGH-BEAVER VALLEY	463	100.0	382	82.5	64	13.8	14	3.0	3	.6
PORTLAND-VANCOUVER	151	100.0	126	83.4	17	11.3	5	3.3	3	2.0
SF-OAKLAND-SAN JOSE	402	100.0	330	82.1	66	16.4	3	.7	3	.7
SEATTLE-TACOMA	203	100.0	162	79.8	33	16.3	5	2.5	3	1.5

Table 9: Number of Nursing Jobs Since Graduation by CMSA

After almost one year in the work force, over 80% of newly licensed nurses were still working at their first nursing job. This suggests satisfaction with current employment conditions. Newly licensed nurses in Buffalo and New York City appear to be most stable in their first positions and new RNs in Houston are more likely to be working in their second job since graduation.

Table CMSA-10
EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		SATISFIED		UNSATISFIED	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	6,938	78.0	5,409	22.0	1,529
BOSTON-LAWRENCE-SALEM	100.0	358	81.3	291	18.7	67
BUFFALO-NIAGARA FALLS	100.0	174	70.7	123	29.3	51
CHICAGO-GARY-LAKE CO	100.0	621	74.7	464	25.3	157
CINCINNATI-HAMILTON	100.0	227	77.5	176	22.5	51
CLEVELAND-AKRON-LORAINE	100.0	384	80.2	308	19.8	76
DALLAS-FORT WORTH	100.0	197	85.3	168	14.7	29
DENVER-BOULDER	100.0	142	84.5	120	15.5	22
DETROIT-ANN ARBOR	100.0	550	76.2	419	23.8	131
HOUSTON-GALVESTON-BROZONA	100.0	227	77.5	176	22.5	51
LA-ANAHEIM-RIVERSIDE	100.0	649	74.6	484	25.4	165
MIAMI-FORT LAUDERDALE	100.0	98	75.5	74	24.5	24
MILWAUKEE-RACINE	100.0	152	82.2	125	17.8	27
NEW YORK-NEW JERSEY	100.0	1,164	76.5	891	23.5	273
PHILA-WILMINGTON-TRENTON	100.0	839	78.9	662	21.1	177
PITTSBURGH-BEAVER VALLEY	100.0	439	72.2	317	27.8	122
PORTLAND-VANCOUVER	100.0	146	89.0	130	11.0	16
SF-OAKLAND-SAN JOSE	100.0	381	84.3	321	15.7	60
SEATTLE-TACOMA	100.0	190	84.2	160	15.8	30

Table 10: Employment Satisfaction among Newly Licensed Nurses by CMSA

Of all new RNs working in CMSAs, 78% are satisfied in their current position. RNs are most satisfied in Portland and least satisfied in Buffalo.

Table CMSA-11
MAIN REASON FOR EMPLOYMENT SATISFACTION OF NEWLY LICENSED NURSES BY CMSA

			REASONS FOR SATISFACTION											
	TOTAL		SALARY/BENEFITS		OPPORTUNITY FOR ADVANCEMENT		OPPORTUNITY FOR CONTINUING EDUCATION		WORKING IN DESIRED SPECIALTY		HOURS/SCHEDULE		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	5,409	24.6	1,328	11.4	617	13.8	749	48.0	2,595	22.1	1,194	5.7	310
BOSTON-LAWRENCE-SALEM	100.0	291	29.6	86	15.8	46	12.7	37	38.8	113	17.2	50	7.9	23
BUFFALO-NIAGARA FALLS	100.0	123	22.8	28	10.6	13	12.2	15	49.6	61	19.5	24	4.1	5
CHICAGO-GARY-LAKE CO	100.0	464	20.0	93	10.6	49	13.1	61	43.5	202	23.5	109	7.1	33
CINCINNATI-HAMILTON	100.0	176	15.3	27	8.5	15	11.4	20	63.6	112	21.6	38	4.0	7
CLEVELAND-AKRON-LORAINE	100.0	308	27.6	85	8.8	27	11.4	35	48.4	149	20.8	64	3.9	12
DALLAS-FORT WORTH	100.0	168	17.3	29	8.9	15	15.5	26	58.9	99	24.4	41	3.6	6
DENVER-BOULDER	100.0	120	16.7	20	10.0	12	12.5	15	52.5	63	22.5	27	5.8	7
DETROIT-ANN ARBOR	100.0	419	20.3	85	8.6	36	10.0	42	51.8	217	23.2	97	5.0	21
HOUSTON-GALVESTON-BROZONA	100.0	176	21.6	38	13.1	23	13.1	23	51.1	90	25.0	44	3.4	6
LA-ANAHEIM-RIVERSIDE	100.0	484	25.2	122	14.3	69	14.3	69	49.6	240	23.3	113	7.2	35
MIAMI-FORT LAUDERDALE	100.0	74	25.7	19	17.6	13	21.6	16	41.9	31	21.6	16	4.1	3
MILWAUKEE-RACINE	100.0	125	20.8	26	8.0	10	12.0	15	51.2	64	20.8	26	8.8	11
NEW YORK-NEW JERSEY	100.0	891	28.8	257	12.0	107	15.7	140	44.7	398	25.1	224	4.8	43
PHILA-WILMINGTON-TRENTON	100.0	662	24.3	161	9.5	63	15.9	105	46.5	308	22.8	151	4.7	31
PITTSBURGH-BEAVER VALLEY	100.0	317	27.1	86	13.6	43	13.6	43	45.4	144	16.1	51	3.5	11
PORTLAND-VANCOUVER	100.0	130	26.2	34	11.5	15	13.1	17	46.2	60	18.5	24	12.3	16
SF-OAKLAND-SAN JOSE	100.0	321	29.3	94	15.0	48	15.9	51	51.4	165	19.3	62	7.8	25
SEATTLE-TACOMA	100.0	160	23.7	38	8.1	13	11.9	19	49.4	79	20.6	33	9.4	15

Table 11: Main Reason for Employment Satisfaction of Newly Licensed Nurses by CMSA

New RNs in CMSAs cite "opportunity to work in desired specialty" as the primary source of satisfaction with their current position. "Salary/benefits" and "flexible hours/schedule" rank second and third among newly licensed nurses employed in metropolitan areas. Interestingly, "opportunity for continuing education" ranks third in Miami.

Table CMSA-12
MAIN REASON FOR EMPLOYMENT DISSATISFACTION OF NEWLY LICENSED NURSES BY CMSA

			REASONS FOR DISSATISFACTION									
	TOTAL		INADEQUATE SALARY		POOR WORKING CONDITIONS		UNSATISFYING STAFF RELATIONS		SKILLS UNDERUTILIZED		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	1,529	29.2	447	48.3	739	28.0	428	10.4	159	14.9	228
BOSTON-LAWRENCE-SALEM	100.0	67	22.4	15	52.2	35	23.9	16	19.4	13	16.4	11
BUFFALO-NIAGARA FALLS	100.0	51	31.4	16	52.9	27	31.4	16	9.8	5	13.7	7
CHICAGO-GARY-LAKE CO	100.0	157	39.5	62	47.1	74	24.8	39	5.1	8	14.6	23
CINCINNATI-HAMILTON	100.0	51	37.3	19	31.4	16	25.5	13	13.7	7	7.8	4
CLEVELAND-AKRON-LORAINE	100.0	76	23.7	18	50.0	38	27.6	21	9.2	7	15.8	12
DALLAS-FORT WORTH	100.0	29	37.9	11	55.2	16	20.7	6	13.8	4	6.9	2
DENVER-BOULDER	100.0	22	22.7	5	54.5	12	18.2	4	13.6	3	13.6	3
DETROIT-ANN ARBOR	100.0	137	35.9	47	40.5	53	34.4	45	7.6	10	16.8	22
HOUSTON-GALVESTON-BROZONA	100.0	51	43.1	22	37.3	19	17.6	9	7.8	4	19.6	10
LA-ANAHEIM-RIVERSIDE	100.0	165	34.5	57	49.1	81	27.3	45	10.9	18	17.6	29
MIAMI-FORT LAUDERDALE	100.0	24	25.0	6	58.3	14	16.7	4	4.2	1	16.7	4
MILWAUKEE-RACINE	100.0	27	44.4	12	29.6	8	25.9	7	3.7	1	18.5	5
NEW YORK-NEW JERSEY	100.0	273	23.4	64	50.9	139	34.8	95	15.0	41	11.0	30
PHILA-WILMINGTON-TRENTON	100.0	177	16.9	30	47.5	84	27.7	49	9.0	16	19.2	34
PITTSBURGH-BEAVER VALLEY	100.0	122	28.7	35	52.5	64	31.1	38	5.7	7	13.1	16
PORTLAND-VANCOUVER	100.0	16	18.8	3	68.8	11	6.3	1	37.5	6	12.5	2
SF-OAKLAND-SAN JOSE	100.0	60	28.3	17	58.3	35	20.0	12	10.0	6	16.7	10
SEATTLE-TACOMA	100.0	30	26.7	8	43.3	13	26.7	8	6.7	2	13.3	4

Table 12: Main Reason For Employment Dissatisfaction of Newly Licensed Nurses by CMSA

Newly licensed nurses stating dissatisfaction with their current position cite "poor working conditions" (forced rotation, poor scheduling, etc.) as the primary source of their discontent. "Inadequate salary" and "unsatisfying staff relations" ranked second and third. All CMSAs followed the same general pattern except Cincinnati and Houston where "inadequate salary" ranked first and Portland where "skills underutilized" placed third.

Table CMSA-13
RACIAL—ETHNIC BACKGROUND OF NEWLY LICENSED NURSES BY CMSA

	TOTAL		WHITE		BLACK		HISPANIC		ASIAN		AMERICAN INDIAN	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	6,311	87.0	457	6.3	255	3.5	211	2.9	22	.3
BOSTON-LAWRENCE-SALEM	370	100.0	354	95.7	10	2.7	2	.5	4	1.1	0	0.0
BUFFALO-NIAGARA FALLS	188	100.0	177	94.1	7	3.7	3	1.6	1	.5	0	0.0
CHICAGO-GARY-LAKE CO	641	100.0	543	84.7	54	8.4	16	2.5	27	4.2	1	.2
CINCINNATI-HAMILTON	239	100.0	229	95.8	5	2.1	1	.4	3	1.3	1	.4
CLEVELAND-AKRON-LORAINE	393	100.0	372	94.7	16	4.1	3	.8	2	.5	0	0.0
DALLAS-FORT WORTH	204	100.0	180	88.2	17	8.3	5	2.5	2	.8	0	0.0
DENVER-BOULDER	149	100.0	139	93.3	4	2.7	5	3.4	1	.7	0	0.0
DETROIT-ANN ARBOR	564	100.0	522	92.6	31	5.5	4	.7	6	1.1	1	.2
HOUSTON-GALVESTON-BROZONA	233	100.0	194	83.3	26	11.2	7	3.0	5	2.1	1	.4
LA-ANAHEIM-RIVERSIDE	685	100.0	490	71.5	38	5.5	90	13.1	62	9.1	5	.7
MIAMI-FORT LAUDERDALE	107	100.0	73	68.2	17	15.9	16	15.0	0	0.0	1	.9
MILWAUKEE-RACINE	162	100.0	147	90.7	11	6.8	1	.6	2	1.2	1	.6
NEW YORK-NEW JERSEY	1,207	100.0	961	79.6	151	12.5	64	5.3	29	2.4	2	.2
PHILA-WILMINGTON-TRENTON	882	100.0	822	93.2	41	4.6	11	1.2	8	.9	0	0.0
PITTSBURGH-BEAVER VALLEY	464	100.0	454	97.8	7	1.5	1	.2	2	.4	0	0.0
PORTLAND-VANCOUVER	153	100.0	141	92.2	1	.7	1	.7	7	4.6	3	2.0
SF-OAKLAND-SAN JOSE	412	100.0	324	78.6	17	4.1	23	5.6	44	10.7	4	1.0
SEATTLE-TACOMA	203	100.0	189	93.1	4	2.0	2	1.0	6	3.0	2	1.0

Table 13: Racial-Ethnic Background of Newly Licensed Nurses by CMSA

Great diversity exists in the racial-ethnic composition of newly licensed nurses in metropolitan areas. Portland, Cincinnati, and Boston are the least diverse and Miami is the most diverse.

Table CMSA-14
MARITAL STATUS OF NEWLY LICENSED NURSES BY CMSA

	TOTAL		NEVER MARRIED		MARRIED		SEPARATED/DIVORCED		WIDOWED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	3,145	43.3	3,218	44.3	840	11.6	53	.7
BOSTON-LAWRENCE-SALEM	370	100.0	205	55.4	128	34.6	34	9.2	3	.8
BUFFALO-NIAGARA FALLS	188	100.0	83	44.1	74	39.4	28	14.9	3	1.6
CHICAGO-GARY-LAKE CO	641	100.0	299	46.6	274	42.7	65	10.1	3	.5
CINCINNATI-HAMILTON	239	100.0	82	34.3	133	55.6	23	9.6	1	.4
CLEVELAND-AKRON-LORAINE	393	100.0	174	44.3	180	45.8	38	9.7	1	.3
DALLAS-FORT WORTH	204	100.0	50	24.5	122	59.8	26	12.7	6	2.9
DENVER-BOULDER	149	100.0	36	24.2	81	54.4	32	21.5	0	0.0
DETROIT-ANN ARBOR	564	100.0	212	37.6	282	50.0	69	12.2	1	.2
HOUSTON-GALVESTON-BROZONA	233	100.0	39	16.7	153	65.7	40	17.2	1	.4
LA-ANAHEIM-RIVERSIDE	685	100.0	236	34.5	348	50.8	96	14.0	5	.7
MIAMI-FORT LAUDERDALE	107	100.0	46	43.0	42	39.3	19	17.8	0	0.0
MILWAUKEE-RACINE	162	100.0	77	47.5	68	42.0	16	9.9	1	.6
NEW YORK-NEW JERSEY	1,207	100.0	644	53.4	439	36.4	115	9.5	9	.7
PHILA-WILMINGTON-TRENTON	882	100.0	446	50.6	345	39.1	84	9.5	7	.8
PITTSBURGH-BEAVER VALLEY	464	100.0	243	52.4	163	35.1	54	11.6	4	.9
PORTLAND-VANCOUVER	153	100.0	49	32.0	77	50.3	26	17.0	1	.7
SF-OAKLAND-SAN JOSE	412	100.0	162	39.3	196	47.6	51	12.4	3	.7
SEATTLE-TACOMA	203	100.0	62	30.5	113	55.7	24	11.8	4	2.0

Table 14: Marital Status of Newly Licensed Nurses by CMSA

CMSAs can be divided into three major categories: (1) those where the "never married" prevail (Boston, New York, Philadelphia, Pittsburgh), (2) those where the "married" dominate (Cincinnati, Dallas, Boulder, Detroit, Houston, Los Angeles, Portland, San Francisco, and Seattle), and (3) those where almost equal proportions of married and singles reside (Buffalo, Chicago, Cleveland, Miami, Milwaukee).

Table CMSA-15
PRESENCE OF CHILDREN
AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		HAS CHILDREN		HAS NO CHILDREN	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	2,806	38.7	4,450	61.3
BOSTON-LAWRENCE-SALEM	370	100.0	107	28.9	263	71.1
BUFFALO-NIAGARA FALLS	188	100.0	69	36.7	119	63.3
CHICAGO-GARY-LAKE CO	641	100.0	241	37.6	400	62.4
CINCINNATI-HAMILTON	239	100.0	109	45.6	130	54.4
CLEVELAND-AKRON-LORAINE	393	100.0	140	35.6	253	64.4
DALLAS-FORT WORTH	204	100.0	91	44.6	113	55.4
DENVER-BOULDER	149	100.0	76	51.0	73	49.0
DETROIT-ANN ARBOR	564	100.0	233	41.3	331	58.7
HOUSTON-GALVESTON-BROZONA	233	100.0	138	59.2	95	40.8
LA-ANAHEIM-RIVERSIDE	685	100.0	312	45.5	373	54.5
MIAMI-FORT LAUDERDALE	107	100.0	35	32.7	72	67.3
MILWAUKEE-RACINE	162	100.0	57	35.2	105	64.8
NEW YORK-NEW JERSEY	1,207	100.0	411	34.1	796	65.9
PHILA-WILMINGTON-TRENTON	882	100.0	311	35.3	571	64.7
PITTSBURGH-BEAVER VALLEY	464	100.0	159	34.3	305	65.7
PORTLAND-VANCOUVER	153	100.0	61	39.9	92	60.1
SF-OAKLAND-SAN JOSE	412	100.0	165	40.0	247	60.0
SEATTLE-TACOMA	203	100.0	91	44.8	112	55.2

Table 15: Presence of Dependent Children Among Newly Licensed Nurses by CMSA

In most CMSAs, a larger proportion of new RNs have no dependent children living at home. In Cincinnati, Denver, Los Angeles and Seattle, the proportion of new RNs with and without dependent children at home is about equal.

Table CMSA-16
AGE OF NEWLY LICENSED NURSES BY METROPOLITAN AREA OF RESIDENCE

	NUMBER	MEAN AGE	STD DEV
GRAND TOTAL	14,335	31.4	8.09
METROPOLITAN AREA			
BOSTON-LAWRENCE-SALEM	387	29.6	7.53
BUFFALO-NIAGARA FALLS	188	29.9	7.57
CHICAGO-GARY-LAKE CO	655	30.0	7.92
CINCINNATI-HAMILTON	244	31.3	8.30
CLEVELAND-AKRON-LORAINE	405	30.8	7.99
DALLAS-FORT WORTH	208	32.5	8.44
DENVER-BOULDER	153	32.2	7.58
DETROIT-ANN ARBOR	574	31.1	7.92
HOUSTON-GALVESTON-BROZONA	239	34.2	7.73
LA-ANAHEIM-RIVERSIDE	702	31.8	7.74
MIAMI-FORT LAUDERDALE	107	29.7	7.57
MILWAUKEE-RACINE	165	29.6	6.93
NEW YORK-NEW JERSEY	1,237	29.9	8.06
PHILA-WILMINGTON-TRENTON	902	29.1	7.39
PITTSBURGH-BEAVER VALLEY	466	30.0	8.10
PORTLAND-VANCOUVER	153	32.5	8.00
SF-OAKLAND-SAN JOSE	416	32.3	7.63
SEATTLE-TACOMA	207	31.5	7.00
NON-METROPOLITAN AREAS	6,927	32.2	8.23

Table 16: Age of Newly Licensed Nurses by CMSA

The average age of newly licensed nurses in metropolitan areas is 31. The mean age is lowest in Philadelphia, Boston, Miami, and Milwaukee. On average, new RNs are oldest in Houston with a mean age of over 34.

Table CMSA-17
MEAN FULL-TIME SALARIES OF NEWLY LICENSED NURSES BY CMSA

	SALARY	
	MEAN SALARY	STD DEV
GRAND TOTAL	$23.504 3	$ 9,213
METROPOLITAN AREA		
BOSTON-LAWRENCE-SALEM	26.830.8	9,995
BUFFALO-NIAGARA FALLS	21.504.1	8.192
CHICAGO-GARY-LAKE CO	23.211.1	8.194
CINCINNATI-HAMILTON	21,052 0	8,626
CLEVELAND-AKRON-LORAINE	24.082 8	8,641
DALLAS-FORT WORTH	23.872 6	9,519
DENVER-BOULDER	23,059.0	7,541
DETROIT-ANN ARBOR	23.848 4	9.131
HOUSTON-GALVESTON-BROZONA	24,249.6	8.950
LA-ANAHEIM-RIVERSIDE	27.499.1	11,054
MIAMI-FORT LAUDERDALE	25.612.8	8.536
MILWAUKEE-RACINE	21,585 4	7,555
NEW YORK-NEW JERSEY	29.168.3	10,363
PHILA-WILMINGTON-TRENTON	26.911 0	9,218
PITTSBURGH-BEAVER VALLEY	23.571.5	7,651
PORTLAND-VANCOUVER	22.875.1	9,147
SF-OAKLAND-SAN JOSE	27.137.5	12.012
SEATTLE-TACOMA	21.702.6	8,705
NON-METROPOLITAN AREAS	21.391.5	8.011

Table 17: Mean Full-Time Salaries of Newly Licensed Nurses by CMSA

The highest average full-time salaries among newly licensed nurses residing in cities are found in the New York City metropolitan area and the San Francisco Bay area. The lowest average salaries are found in Buffalo and Seattle. Salaries of new RNs living in non-metropolitan areas are considerably lower than those of their urban counterparts.

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LICENSED TO CARE:
An Executive Report on the New Nurse

West South Central Region

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Division of Research

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PREFACE

Licensed to Care: An Executive Report of the New Nurse is the culmination of an extraordinary effort to capture and present the exemplary experiences of the nation's newly licensed nurses. In response to the urgent need for accurate data on the nursing supply, the National League for Nursing has taken the lead in analyzing the current condition of America's contemporary cohort of new nurses by conducting the survey of newly licensed nurses. The study was designed to collect information that can be effectively utilized by nurse executives in recruiting and retaining registered nurses. It offers in-depth data necessary to ascertain their demographic characteristics, to assess their employment experiences and evaluate their educational backgrounds.

The strength of the study and the resulting data is based on its sound methodological approach. First, the sheer number of respondents, over 28,000 new RNs, assure statistically significant data. Additionally, the excellent national and regional response rates guarantee that the data are comprehensive and reliable.

Many individuals at NLN were involved in the coordination, design, and production of the study and its resulting publications. Special thanks are due to Kathy Kaufman and Jill Hodge, Research Coordinators, for their contributions in data analysis and graphics.

Peri Rosenfeld, PhD
Vice President
Division of Research

Section 1
Executive Summary

EXECUTIVE SUMMARY

INTRODUCTION

The Nursing Shortage: How Do New RNs Fit In?

Recent developments have forced employers of health care professionals, policymakers, and the public to seriously evaluate and understand the status of nursing within the changing health care climate. Greater emphasis on cost containment, the scarcity of nurses and other providers, and the mushrooming of out-of-hospital health care delivery are just three major transformations that are responsible for the current focus on nurses in the health industry.

The key words in modern health care are cost containment and home care and nursing is a primary component for the success of both. While nurses are at the center of change they have not always been involved in providing the solutions. The current nursing shortage has altered that situation and thrust nursing into a new role within the health care system.

More importantly, the recent nursing shortage has sent a strong message to the health care industry and others that nursing is a scarce resource whose numbers cannot be taken for granted. Indeed, despite consistent increases in the *supply* of RNs, the health care system continues to demand more.

The solution to the shortage is not the *numbers* of nurses but the *proper utilization* of nurses. Nurses are already the largest group of health care providers with over 2 million RNs in the contemporary supply. When RNs are treated as autonomous professionals and not required to perform tasks that are best undertaken by paraprofessional or other health care workers, the number of RNs required for proper care is diminished. In other words, the shortage is the result of increased demand for RNs, and that increased demand is the result of inappropriate utilization of RNs by their employers. As the Secretary's Commission on Nursing concluded,

> "... the current nurse shortage is primarily the result of a rapidly-increasing demand for RNs. Some of this increased demand for RNs is a rising because health care delivery organizations are compensating for reductions in non-nursing staff, both clinical and non-clinical—as well as in other categories of nursing personnel... These recommendations call for the provision of adequate support services for nurses,utilization of the most appropriate mix of nursing personnel... and improvement in the internal management of nurse resources ...." (Secretary's Commission on Nursing, 1989).

The future outlook for health care, therefore, is related to the future of nursing, and the brightest signpost for the future is the newest crop of RNs. This cadre of new licensees provides us with a window to the future of nursing and health care. *Licensed to Care: An Executive Report of New Nurses* was designed as a tool for administrators to help them better appreciate the experiences, attitudes and characteristics of the new nurse. The data contained in this report will assist in planning for the contemporary and future demand for nurses. Because each geographic region is unique in terms of its demographic and economic characteristics, each volume of *Licensed to Care* will focus on one census region as it compares to the national perspective.

Research Design and Response Rate

In March 1990, eight months after obtaining RN licensure, all newly licensed registered nurses were sent a survey to identify their demographic characteristics, assess their educational background, and examine their employment experiences. Prior to sending the survey to the field, each state board of nursing except New Hampshire and Hawaii granted permission for the release of the names and addresses of their new licensees to the National League for Nursing.

After three mailings a total of 28,147 completed surveys were received representing an excellent response rate of 64% nationwide. Response rates for the individual states varied from a high of 76% in Maryland and New Jersey to a low of 52% in Alabama. Among the largest states—New York, California, Illinois, Texas—response rates fluctuated in the high 60% range. In view of the fact that these response rates reflect the **universe of new RNs and not a sample**, these figures are extremely respectable and confirm the reliability and validity of these data.

Educational Profile of the Newly Licensed Nurse

A Short History of Nursing Education Programs

The history of nursing education is replete with struggles between those who argue that the proper setting for nursing preparation is in institutions of higher learning and those considering the hospital the appropriate place for nursing education. The trend toward college preparation has triumphed as evidenced by the decline in numbers of diploma programs and the spiraling surge in associate degree and baccalaureate programs. Despite the cyclical nature of nursing shortages, there has been continual growth in the *number* of educational programs for nurses with the current figure hovering around 1,450.

Type of nursing education and geographic location are the two most powerful variables in explaining differences among nurses in general and new RNs in particular. Historically the newest form of nursing education, associate degree programs now comprise the majority—over 60%—of nursing preparation programs in America. Diploma programs, which predominated for most of nursing's illustrious history, are now the minority—less than 10 %—while the proportion of basic baccalaureate programs has remained essentially stable at about one-third of the total throughout the last century.

The Significance of Nursing Education Programs

The ratio of associate degree programs vis a vis diploma and baccalaureate programs varies from region to region. It is noteworthy that the remaining number of diploma programs are concentrated in the north eastern portion of the nation and the number of associate degree programs grows as one moves westward. The proportion of basic baccalaureate programs is highest in the New England region and hovers around the 30% mark in all other locations.

In regard to educational preparation, the cohort of recent graduates is *not*, however, a mirror image of the current nursing supply. According to the *1988 RN Sample Survey* conducted by the Department of Health and Human Services, diploma graduates comprise approximately 40% of the nation's nursing supply, associate degree graduates represent 25% and baccalaureate,25%. In the *1977 Sample Survey*, 67% of the supply was prepared at the diploma level, 11% at the associate degree level, and 18%,baccalaureate. This confirms that the growth in associate degree programs is having an impact on the general supply.

Another significant characteristic emerges in understanding the educational backgrounds of new RNs. A greater proportion of the contemporary cohort has had experience in the health care delivery system prior to RN licensure. Almost one-third of the new RNs had practiced as licensed practical/vocational nurses, and a significant percentage of these individuals *returned to their previous employer as RNs*. A closer look at these data reveals that over 40% of the associate degree graduates had previously practiced as LPN/LVNs, almost 20% of the diploma graduates had previous LPN/LVN experience and less than 10% of the baccalaureate alumni were previously LPN/LVNs.

The implications of these data are noteworthy for several reasons. First, it is evident that RN licensure is a measure of career mobility for many already employed in the health care system. For the nursing executive this suggests that continuing education can be a powerful factor in retaining exemplary employees working as paraprofessionals. These individuals already acclimated to the institution and its unique milieu usually return to repay their employers with many years of dedicated service. Second, as a recruitment strategy, nursing educators may target LPN/LVNs as potential students in their programs.

Advancement of LPN/LVNs to RN licensure offers interesting opportunities and challenges to both the executive and the employee. Many new nurses who took the time to write us were new RNs who were previously employed as LPN/LVNs. They voiced concerns about the loss of seniority when they became RNs. Often they were forced to work undesirable shifts, and their salaries were only nominally better than they had been as LPN/LVNs. Most often they protested the treatment they received from their new colleagues who, remembering them as paraprofessionals, questioned their capabilities as RNs. In short, executives must be aware of both the positive and negative aspects of advancement from LPN/LVN to RN.

The Many Faces of Newly Licensed Nurses

Data on the demographic characteristics of the newly licensed nurses are perhaps the most vital information needed to recruit and retain employees. Variables such as marital status, presence of dependent children, and age all have important implications relative to scheduling, activity status, and the desirability of child care as possible benefits at your institution. Understanding the potential applicant pools from which your new nurses are recruited will place you in a better position to offer the benefits and working environment that are most attractive to today's new nurses.

While associate degree graduates predominate among the contemporary cohort of new RNs, it is important to note that the trend toward associate degree education has profound implications for the future supply of nurses. Associate degree graduates are demographically different from their diploma or baccalaureate counterparts. Most significantly, associate degree alumni are more mature with an average age of almost 34. The typical diploma graduate is approximately 29, and the average baccalaureate graduate is 27.

Not surprisingly, age is related to marital status and the presence of dependent children, and indeed, the majority (over 62%) of new RNs coming from associate degree programs are married and over half have dependent children at home. The comparable figures for diploma graduates show that about equal numbers are married and single, and one-third have children at home. The baccalaureate-prepared new RN is most likely to be single (57%) and childless (80%).

The overwhelming majority of new nurses are white females. Nursing remains the archetypical women's profession with over 94% of its members being female, and there is little variation among the geographic regions. While a large majority (over 90%) of new RNs are white, great variation exists throughout the nation. The largest proportion of blacks is found in the South Atlantic and East South Central regions, and the largest groups of Hispanics, Asians, and American Indians are located in the Pacific region.

Employment Patterns Among New Nurses

Supply and Demand for New RNs

The recent nursing shortage has fostered some damaging myths about the nursing profession. Claims are made that nurses are fleeing from the bedside or quickly "burn out" and seek other careers. Empirically these claims are false for both the general supply of nurses and particularly for the cohort of new RNs. Almost a year after graduation, 98% of new RNs are employed in nursing suggesting strong commitment to the profession. Moreover, the majority of the 2% that are not employed in nursing are voluntarily unemployed because of family obligation or continuing education. It is noteworthy that after almost a year of experience, the majority (81.5%) of new RNs are still employed at their first nursing job.

Several indicators confirm that the demand for new nurses is extraordinarily high. First, a great majority (63%) of new nurses state that "many jobs" were available when they were job hunting. An additional 11% took jobs at the site of their clinical preparation and hence did not job-hunt at all. In a similar vein, over 82% of newly licensed nurses accepted positions *before graduating* from nursing school indicating that early recruitment of senior nursing students is a successful strategy. Indeed, 97% of new graduates found jobs within three months of obtaining licenses.

Employment Profile of the New RN

Despite the rapid growth in home and community health, the vast majority (92%) of new RNs are employed in acute care settings. Just under 4% are employed in long-term care, 2% are working in community/public health, and the remainder hold positions in ambulatory settings such as schools and physician's offices.

Regardless of employment setting, the great majority (85%) of new RNs are working full-time. Even among those working as school nurses or in physicians offices, over three-fourth are considered full-timers. In view of the fact that many have dependent children living at home, these data are impressive reminders of their commitment to nursing.

What attracts a new RN to a particular position? A significant proportion (30%) state the "ability to practice in my chosen specialty" as the number one reason for choosing their current job, and 29% took their present job because of "prior experience in the institution." These data document that new RNs are career-minded and committed to the nursing profession. New RNs seek employment that offers them the practice *they* want, and often they build upon prior experiences to achieve higher status. In short, these newly licensed nurses are not taking the first job they encounter; they are educated, ambitious individuals seeking positions that permit growth and professional satisfaction.

Despite conventional wisdom that nurses are primarily motivated by money, only 11% claim that "salary" was the primary reason for choosing their current position. In fact, "salary" ranked very low on the scale behind "reputation of the institution" and "location".

Starting salaries for nurses vary considerably by region. While the national average for full-timers stood at $25,089 at the completion of the study, the highest average salaries were reported in Connecticut ($32,032), Alaska ($30,102) and New Jersey ($29,277). The lowest mean full-time salaries were reported in North Dakota ($20,282), South Dakota ($20,447), and Iowa ($20,903).

Factors Associated with Job Satisfaction

An astounding 80% of newly licensed nurses claim satisfaction with their current jobs, and almost 50% of them attribute their satisfaction to "working in desired specialty." An additional 25% cite "salary/benefits" as the primary source of their satisfaction.

It is noteworthy that job satisfaction is high among all demographic groups. Some variation, however, does exist. For example, among the different racial-ethnic backgrounds, 80% of the American Indians and Hispanics expressed satisfaction with their current employment, while only 69% of the blacks reported satisfaction. Another interesting finding indicates that rates of satisfaction decrease *slightly* with age. In other words, the younger newly licensed nurses, below age 24, express somewhat greater satisfaction than their older counterparts. Job satisfaction is virtually equal regardless of marital status and presence of children.

A significant plurality (44%) of those dissatisfied with their current position state "poor working conditions" (which include forced overtime, mandatory rotation, etc.) as the primary source of their discontent. "Inadequate salary" ranked second among the reasons for dissatisfaction (31%) and "unsatisfying staff relations" is a very close third (29%).

Indeed, there is some relationship between salary and satisfaction. Those reporting "salary" as their primary source of satisfaction are on average earning more than the other satisfied nurses: $26,513 compared with $25,352. In addition, those stating "inadequate salary" as their primary source of dissatisfaction report lower earnings than other discontented newly licensed nurses: $22,716 compared with $24,305. In short, while salary *per se* is not necessarily the most frequently cited source of satisfaction, it is a good predictor of job satisfaction.

Adequacy of Orientation

Perceived adequacy of orientation engendered some important results, and many respondents chose to remark on their experiences. In general, almost half of the newly licensed nurses evaluated their orientation as excellent or very good. An additional 27% assessed their orientation as good, 15% fair, and 6% poor. Approximately 3% claimed they received *no orientation* at all.

A rigorous content analysis was performed to categorize and analyze the qualitative, i.e., descriptive, data provided by respondents. Assessments of orientation fell into several global categories including: (a) the amount of time devoted to orientation, (b) the staff assigned to orientation, (c) the performance of the preceptor, (d) the amount and quality of the clinical and classroom training, and (e) organization of the orientation program.

Positive evaluations (e.g., "excellent/very good") were most strongly related to the sufficient amount of time devoted to orientation with over 55% of the respondents stating this. Over one-third of the respondents claimed that the performance or abilities of their preceptor contributed to their successful orientation. Smaller groups of new RNs considered their orientation excellent or very good because of "good courses/classroom training" (16.5%) and "good co-workers" (18.5%).

As one might expect, those newly licensed nurses who evaluated their orientation neutrally or negatively ("good/fair/poor") were most likely to assert that the amount of time devoted to orientation was insufficient

(36.5%). "No preceptor/poor preceptor" and "did not learn what I needed" tie for second place among the chief reasons for negative evaluations of orientation.

Closer analysis reveals that the majority of those who received no orientation at all were previously employed as LPN/LVNs. It was this group that was most vocal about their feelings. These new RNs objected to the attitude their administrators seemed to have about them, i.e., an LPN/LVN is already a nurse who needs no special orientation to the RN role.

The growing group of LPN/LVNs advancing to RN licensure presents an instructive illustration of how important it is to clearly distinguish the functions of professional, registered nurses vis- a-vis the technical practical nurse. It is neither desirable nor appropriate to consider the RN as interchangeable with the LPN/LVN. As described above, it is this attitude that "a nurse is a nurse is a nurse" that has contributed to the recent nursing shortage. RNs should not be performing those tasks associated with LPN/LVN licensure and vice versa. It is illegal and the staff resents it.

Adequacy of Nursing Education

A good measure of the success of an individual nursing educational program is how well graduates feel they were prepared for their current employment. A large majority (approximately 90%) of newly licensed nurses from all types of nursing educational programs responded that their classroom experiences prepared them adequately for their current position. While the overall majority responded positively in regard to adequacy of clinical preparation, some variation among the graduates of the different types of educational programs does exist. Over 90% of diploma graduates responded that their clinical preparation was adequate, while smaller groups of associate degree (73%) and baccalaureate (69%) graduates responded affirmatively.

These findings, while disturbing, are not unique. In previous studies of newly licensed nurses, baccalaureate graduates have consistently reported lower rates of satisfaction with their clinical experiences than the graduates of other programs. In an effort to explain this trend, the NLN Division of Research conducted a special study of clinical preparation at the nation's nursing schools in 1989. According to the findings:

> ". . . the issue of professional expectations and the influence of educational philosophies are certainly playing a role in these responses. For if BSN students are educated to perceive themselves as autonomous health care workers in community or public health care, those individuals may feel constrained by the bureaucratic, hierarchical structure of a hospital. And, though new BSNs often choose hospital employment, the dissonance they experience may be so powerful as to affect their perceptions of the adequacy of their education." (Rosenfeld and Kaufman, 1990)

Summary and Conclusion

The findings of the survey of newly licensed nurses offer a wealth of information on the demographic characteristics, educational backgrounds and employment experiences of the nation's newest RNs. There is little doubt that these men and women have entered nursing at an extremely turbulent period when shortages, cost containment efforts, and dislocation within the health care delivery system are rampant. Add to this the "graying of America," the AIDS epidemic and the plethora of health care problems associated with poverty and homelessness, and one recognizes that new nurses must possess a strong commitment to equitable health care and the public good.

As enrollments to nursing schools improve and fear of continued shortages subside, it is time to evaluate some of the strategies recently adopted to recruit and retain nurses to educational programs and to the practice settings. The astronomical growth in associate degree graduates presents both promise and dilemmas for nursing administrators. Clearly, the more mature, married associate degree student is as dedicated to full-time employment as are her diploma and baccalaureate counterparts. Age, however, does affect length of time in the workforce—the older the new graduate the fewer available years in the labor force. It is too soon to tell if this will have a significant impact on future supply.

It is vital that executives appreciate the consequences associated with the influx of LPN/LVNs into RN posi-

tions. No doubt LPN/LVNs are appropriate and desirable candidates for RN licensure. However, the transition from one to the other must not be taken for granted. In areas such as job satisfaction and attitudes toward job orientation, for example, those previously employed as LPN/LVNs expressed displeasure with the treatment they have received.

Clearly, the new crop of RNs are career minded, ambitious individuals committed to patient care and the profession of nursing. They choose positions that offer the ability to work in the specialty *they* desire not just what the institutions demand. They work full-time even if they have small children at home. They are often individuals who have had previous experience in health care and are now building their careers as professional nurses. They are nurses who are serious about health care—it's high time that the health care system recognize and reward them.*

Peri Rosenfeld, PhD
Vice President
Division of Research

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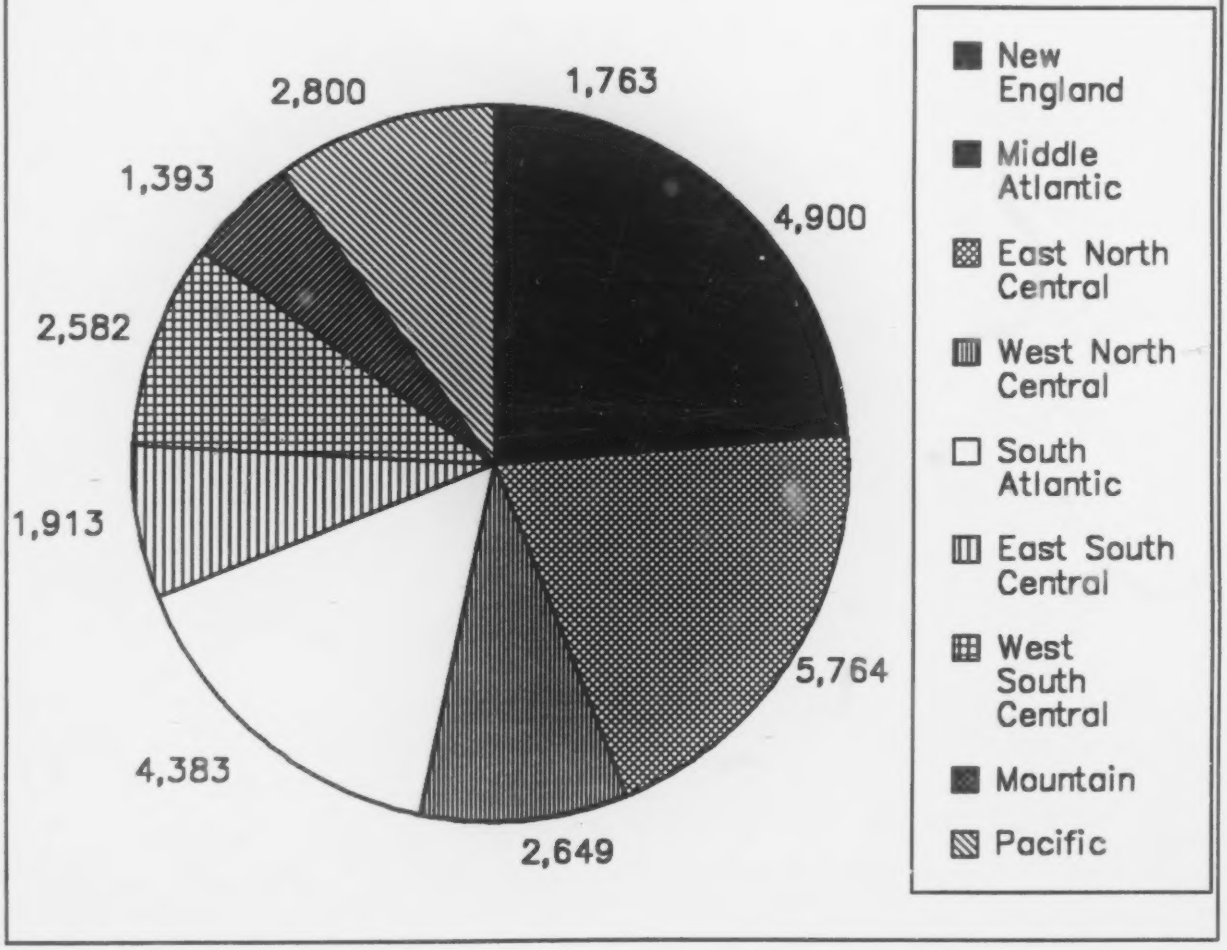
Section 2
Graphs

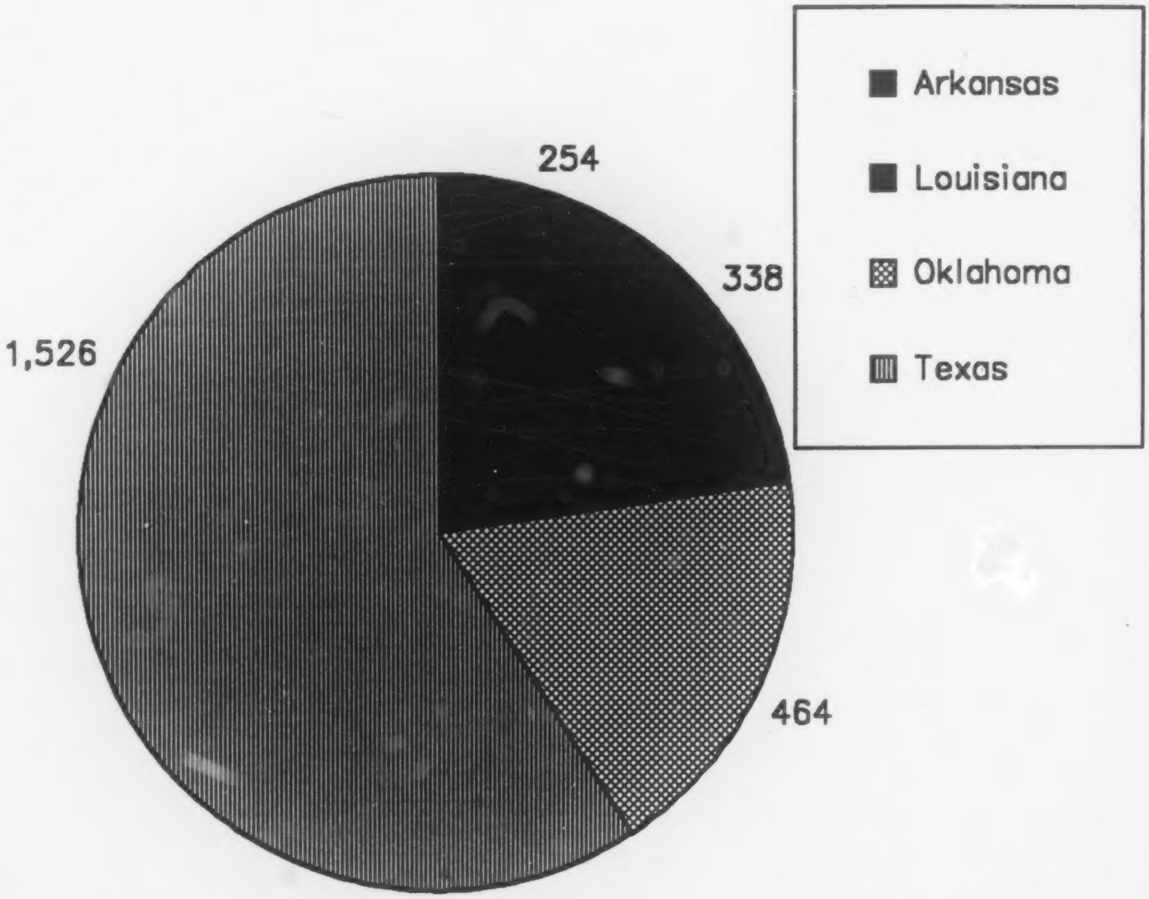
TOTAL NUMBER OF NEWLY LICENSED NURSES

The greatest number of newly licensed nurses reside in the East North Central states (5,764) followed by the Middle Atlantic (4,900). The smallest percentage currently live in the Mountain region (1,393).



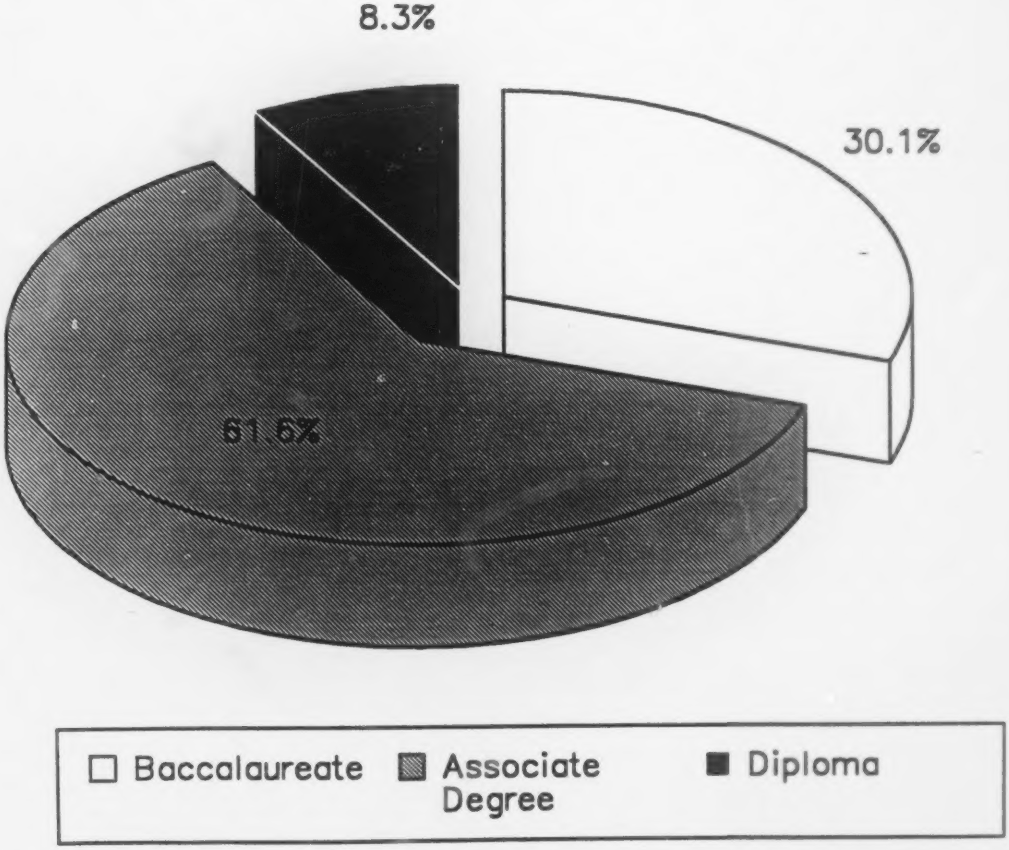
TOTAL NUMBER OF NEWLY LICENSED NURSES
West South Central Region

Texas has the largest number of new nurses in the West South Central region followed by Oklahoma.



NEWLY LICENSED NURSES BY TYPE OF NURSING EDUCATION, 1990

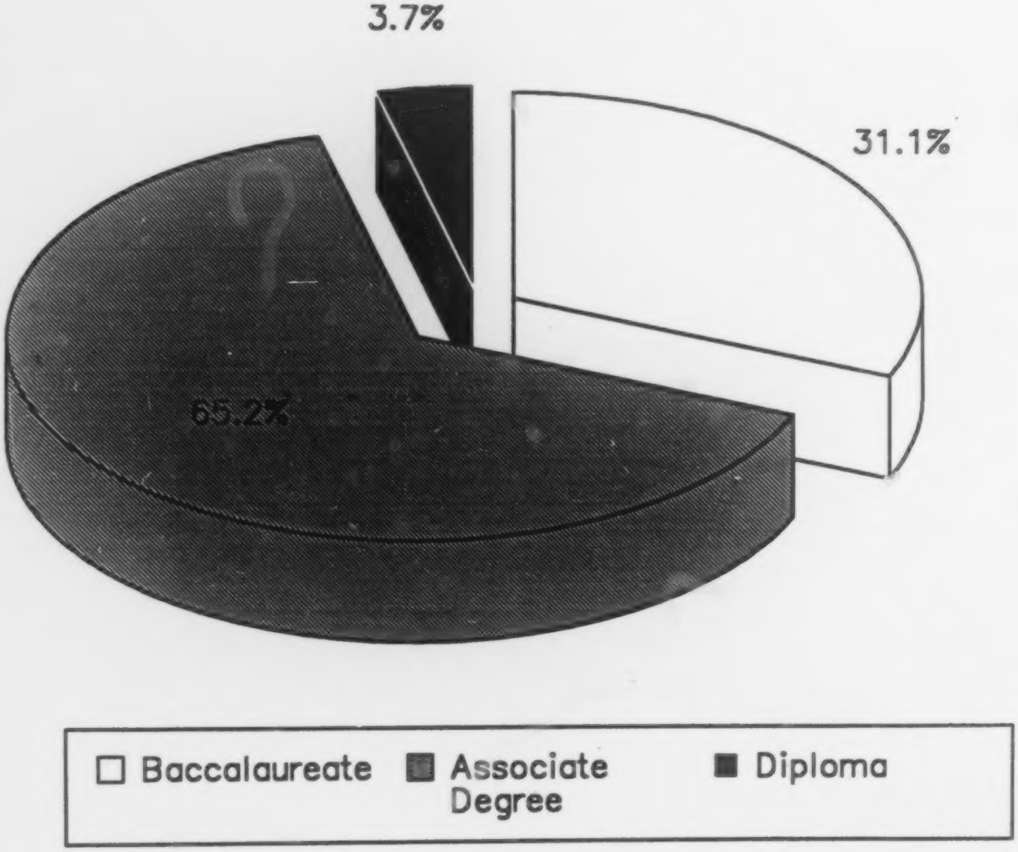
Over 60% of all new nurses have graduated from associate degree programs. Almost a third graduated with a baccalaureate, and just over 8% have diploma degrees.



NEWLY LICENSED NURSES BY TYPE OF NURSING EDUCATION, 1990

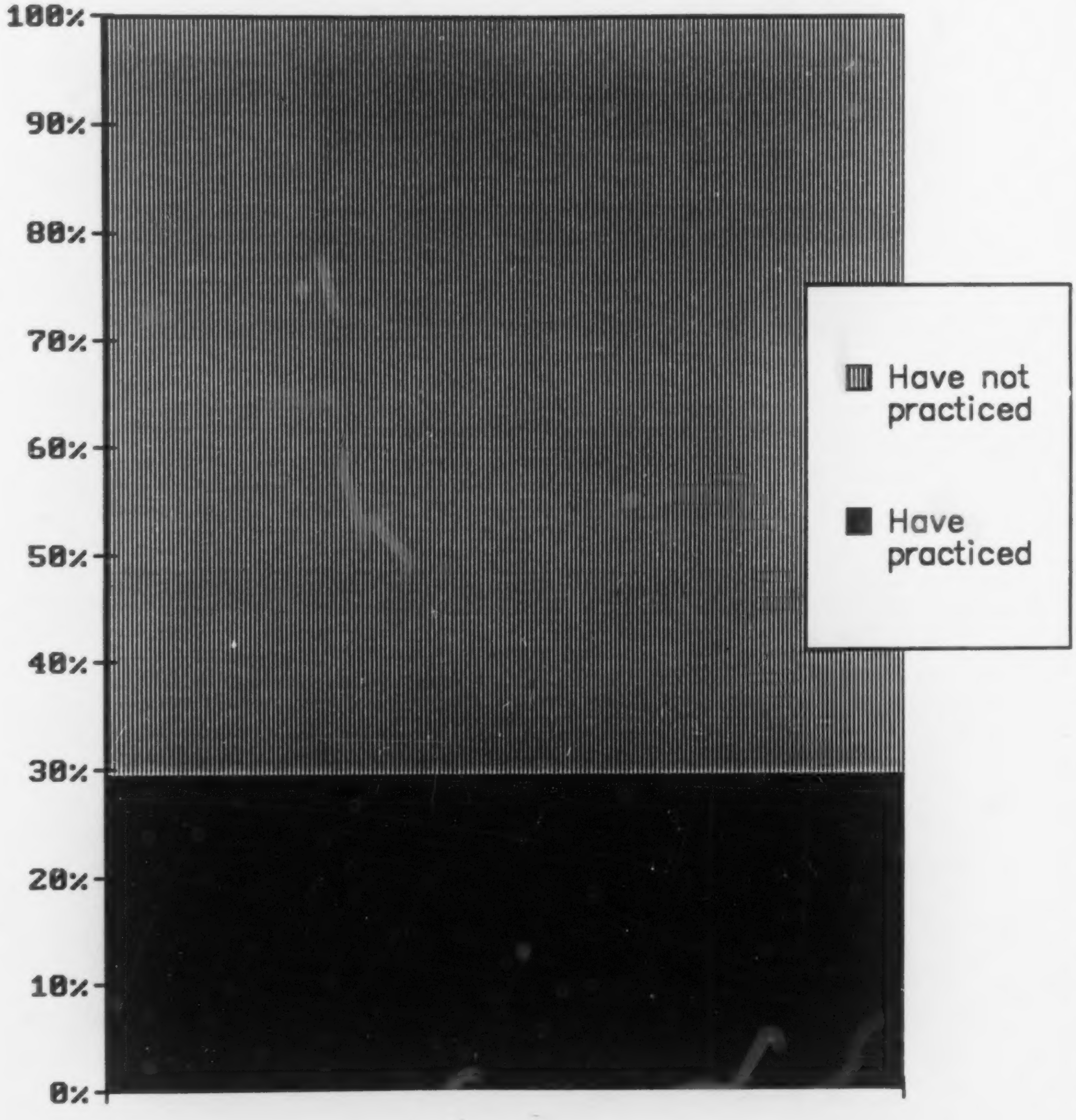
West South Central Region

Over 64% of all new nurses have graduated from associate degree programs. Almost a third graduated with a baccalaureate, and 3.7% have diploma degrees.



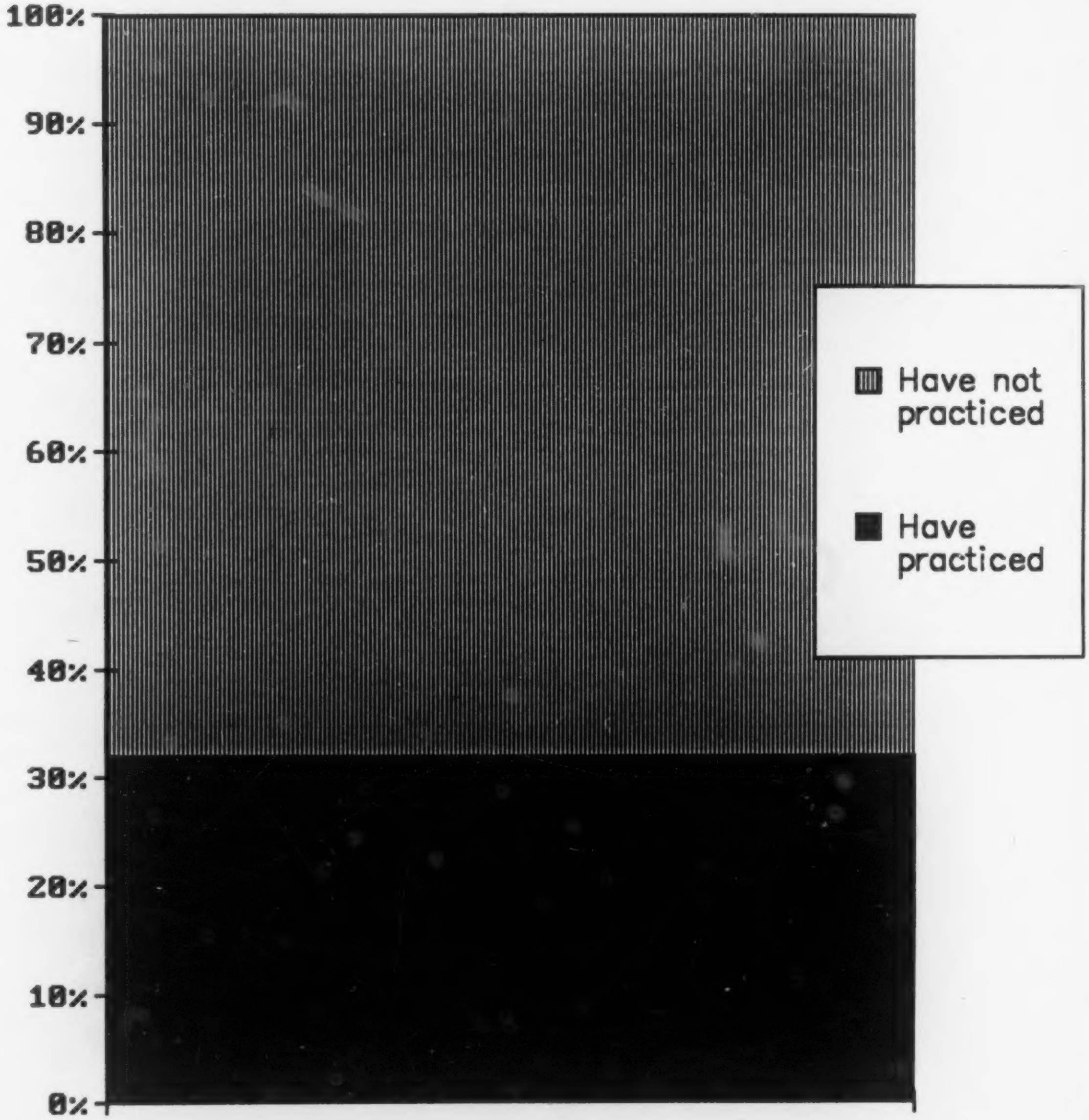
PRIOR LPN/LVN PRACTICE AMONG NEWLY LICENSED NURSES

Almost one-third of all newly licensed nurses have practiced as LPNs/LVNs.



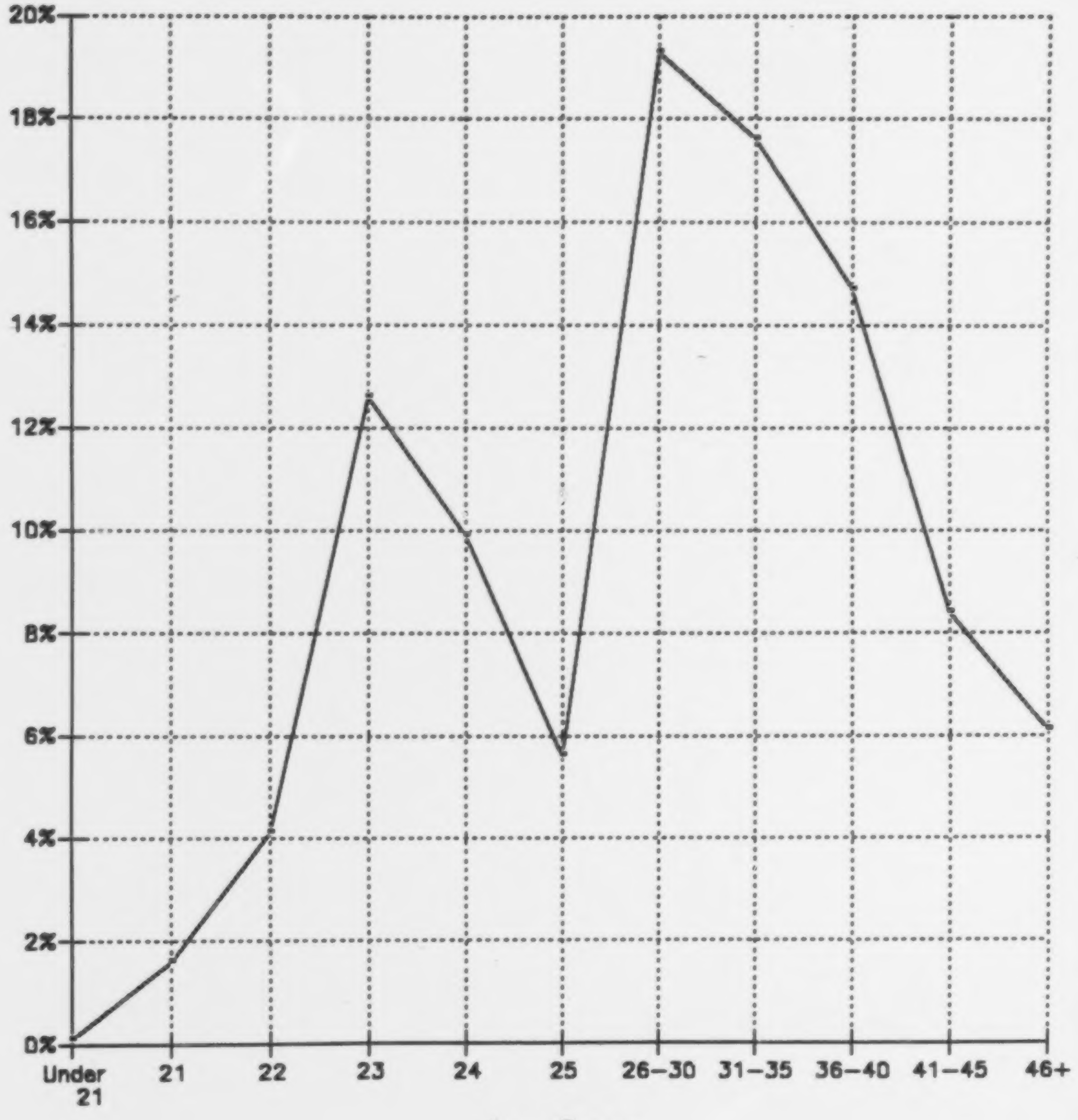
PRIOR LPN/LVN PRACTICE AMONG NEWLY LICENSED NURSES
West South Central Region

Of new nurses in the West South Central region, 32% have practiced as LPNs/LVNs.



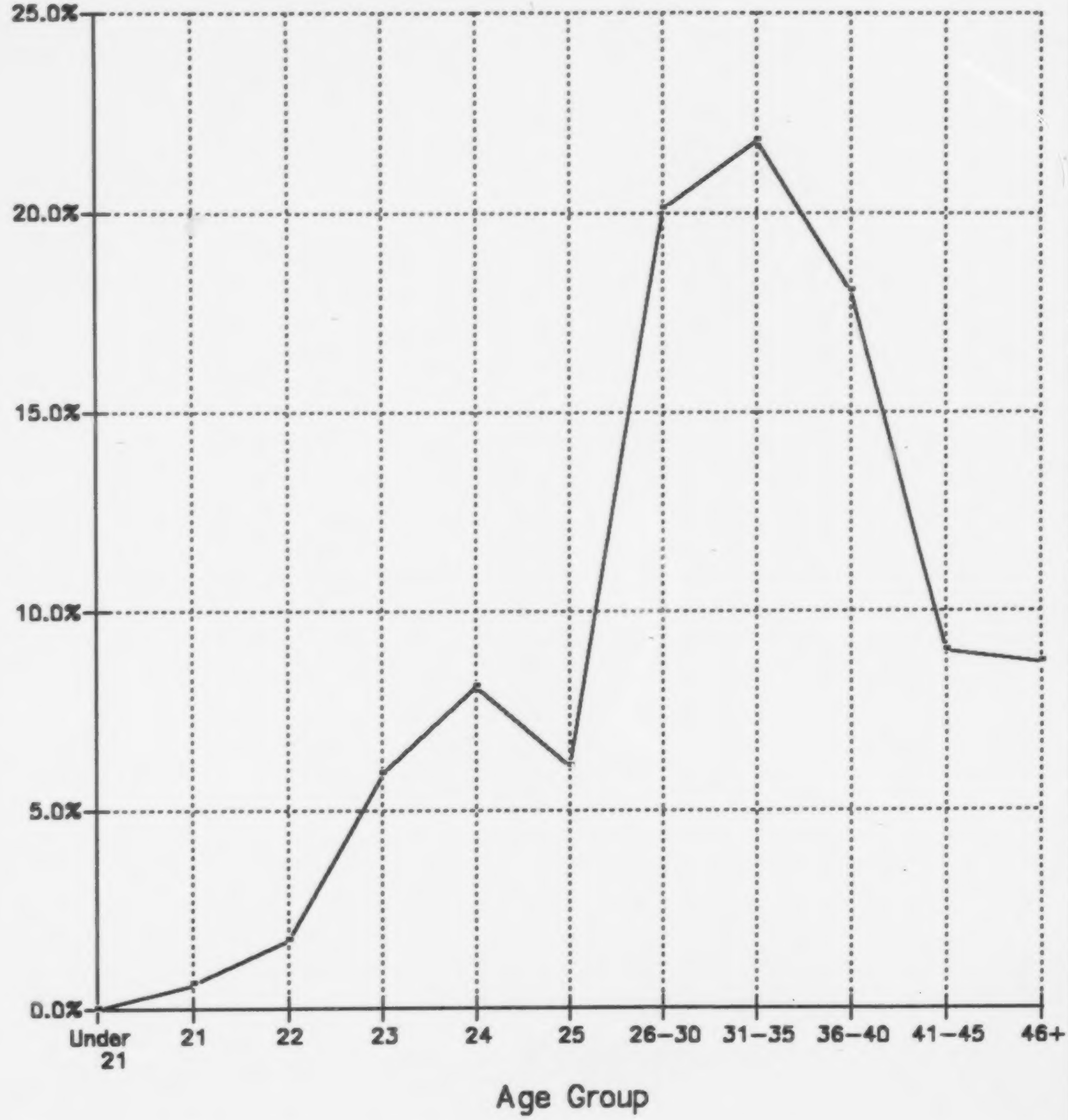
AGE DISTRIBUTION OF NEWLY LICENSED NURSES, 1990

The average age of new RNs is bimodal. The largest group of RNs consists of those 26 to 30 years old. Another peak exists at the 23-year-old mark.



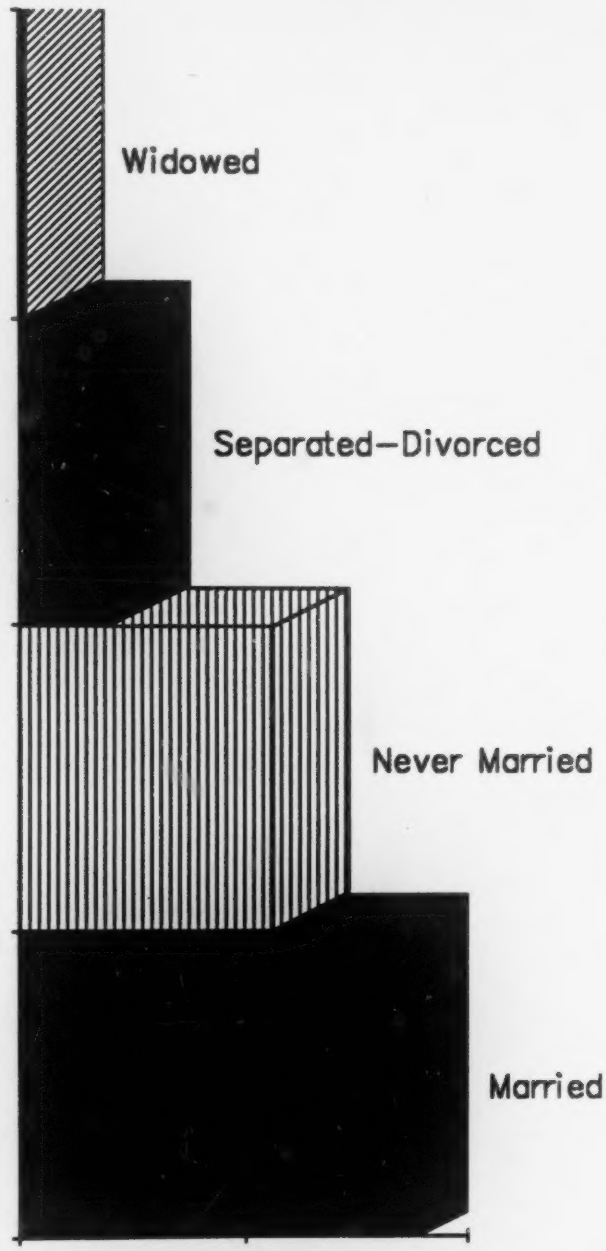
AGE DISTRIBUTION OF NEWLY LICENSED NURSES, 1990
West South Central Region

A large plurality of newly licensed nurses in the West South Central region are ages 26 to 35.



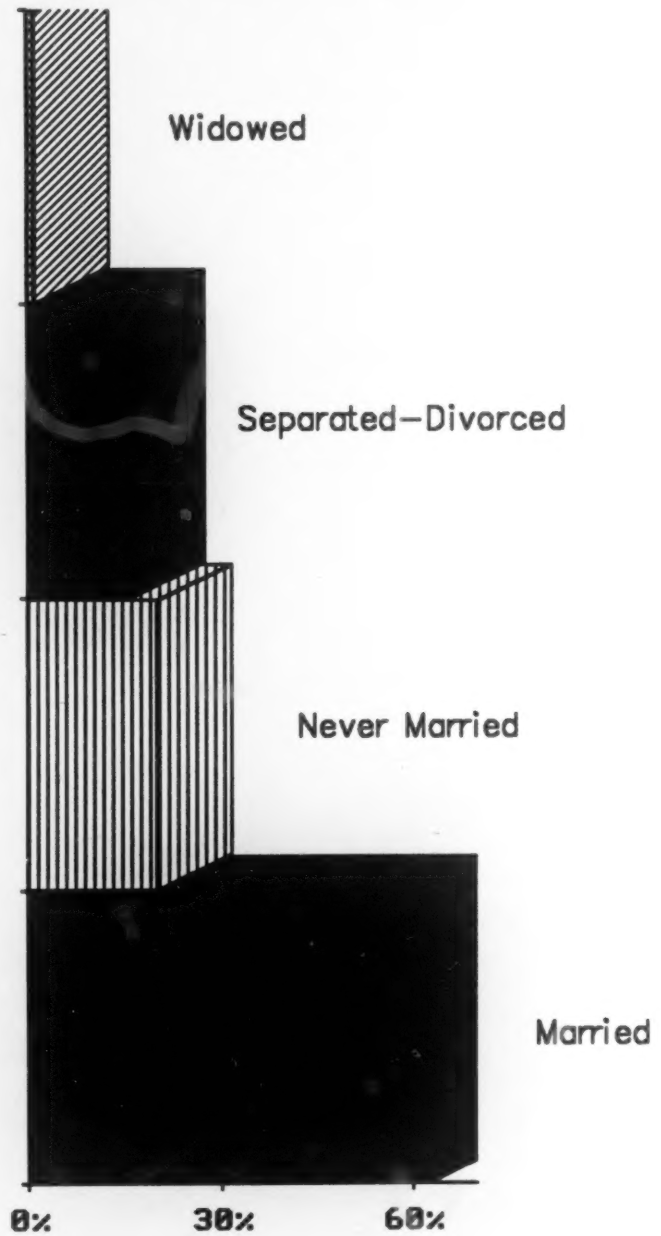
MARITAL STATUS OF NEWLY LICENSED NURSES, 1990

A majority of newly licensed nurses are married.



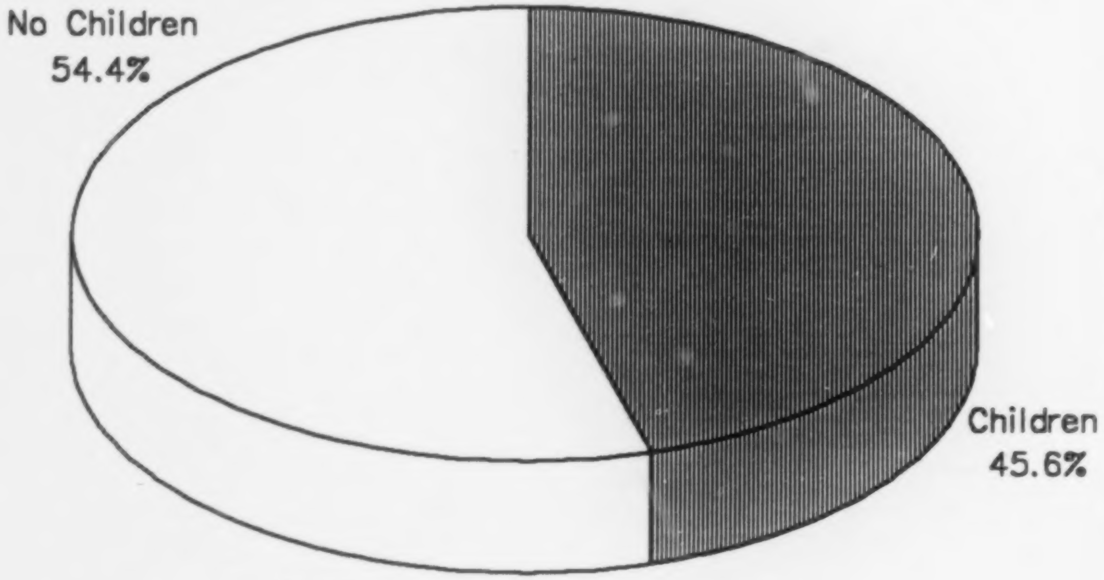
MARITAL STATUS OF NEWLY LICENSED NURSES, 1990
West South Central Region

A high proportion of new nurses in the West South Central region are married.



PERCENTAGE OF NEWLY LICENSED NURSES WITH AND WITHOUT CHILDREN, 1990

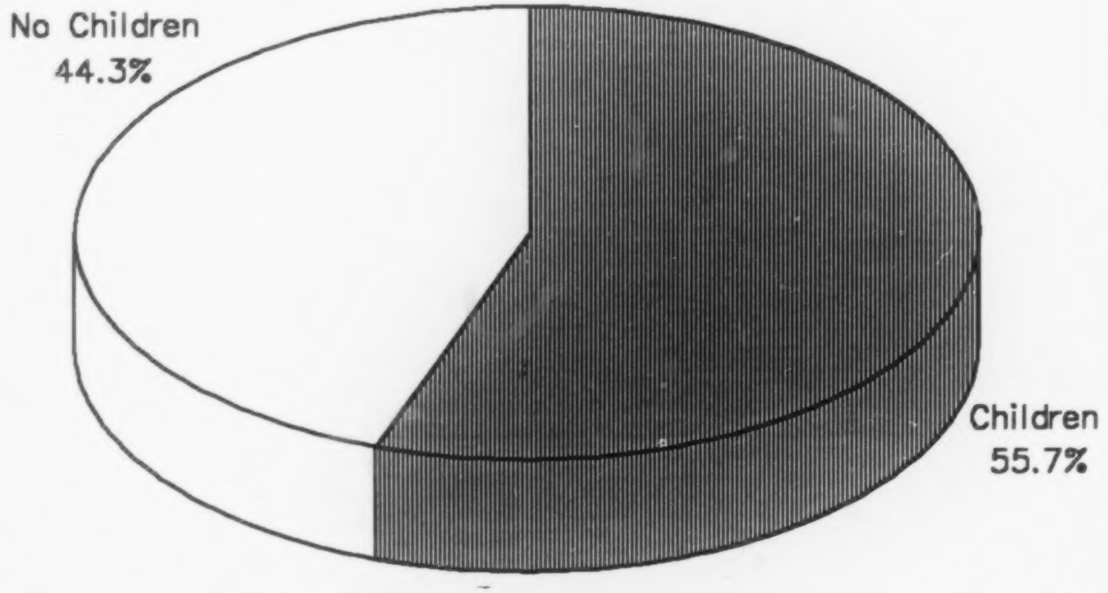
The percentage of newly licensed nurses who have children is almost equal to the percentage who have no children at home.



PERCENTAGE OF NEWLY LICENSED NURSES WITH AND WITHOUT CHILDREN, 1990

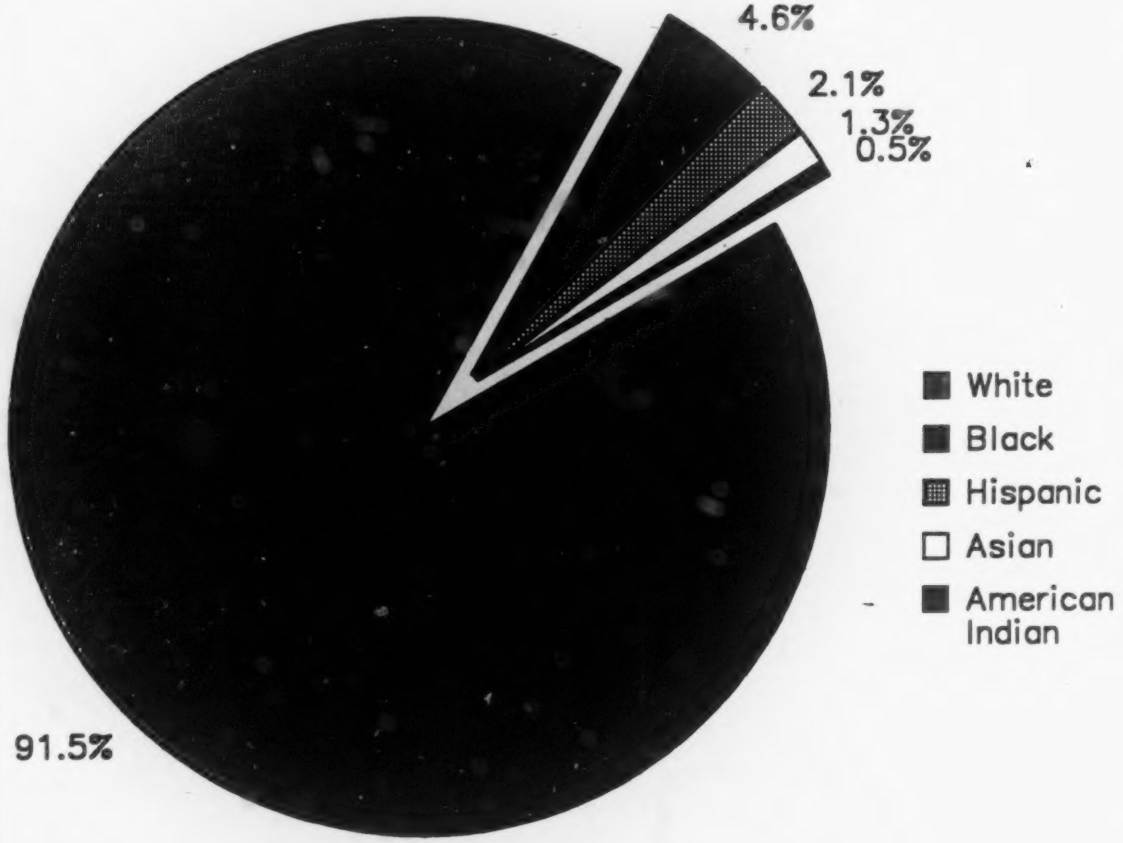
West South Central Region

Over half of the new nurses in the West South Central region have children.



RACIAL/ETHNIC BACKGROUND OF NEWLY LICENSED NURSES, 1990

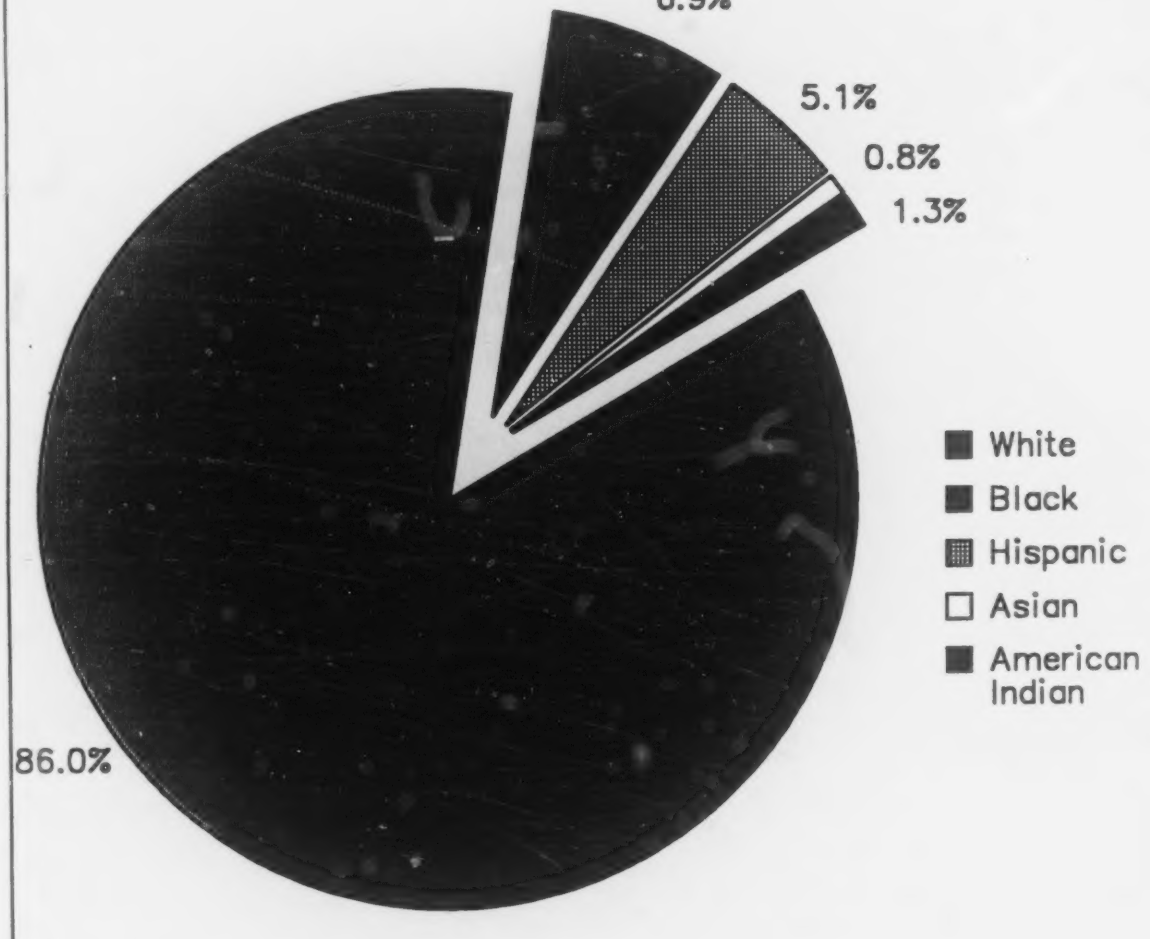
The overwhelming majority of newly licensed nurses are white. Less than 9% are non--white.



RACIAL/ETHNIC BACKGROUND OF NEWLY LICENSED NURSES, 1990

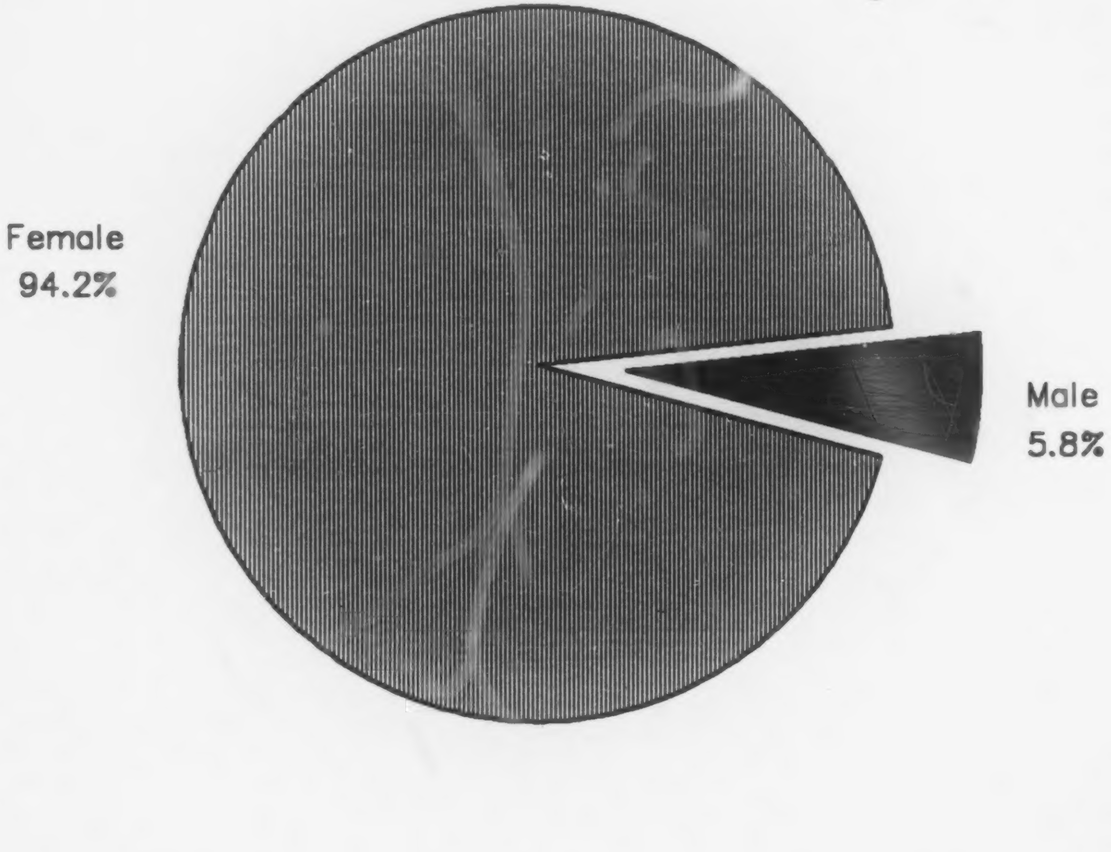
West South Central Region

The overwhelming majority of newly licensed nurses are white. Blacks and Hispanics account for 6.9% and 5.1% respectively.



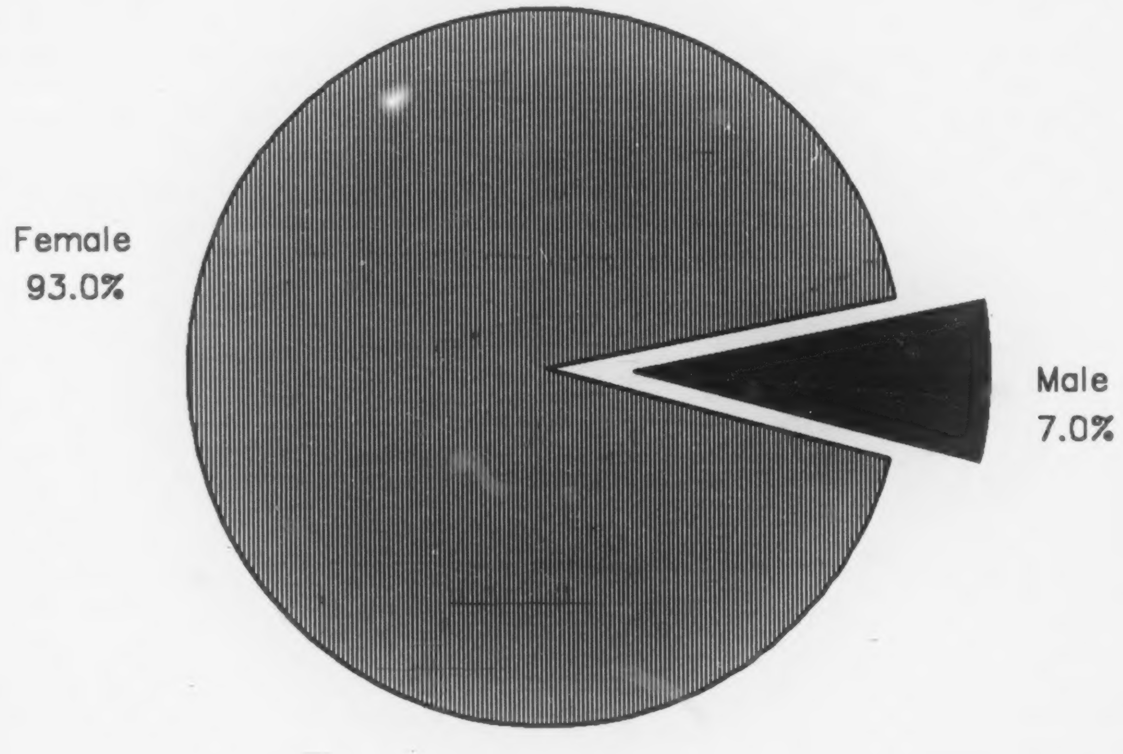
GENDER OF NEWLY LICENSED NURSES, 1990

An overwhelming majority of newly licensed nurses are female.



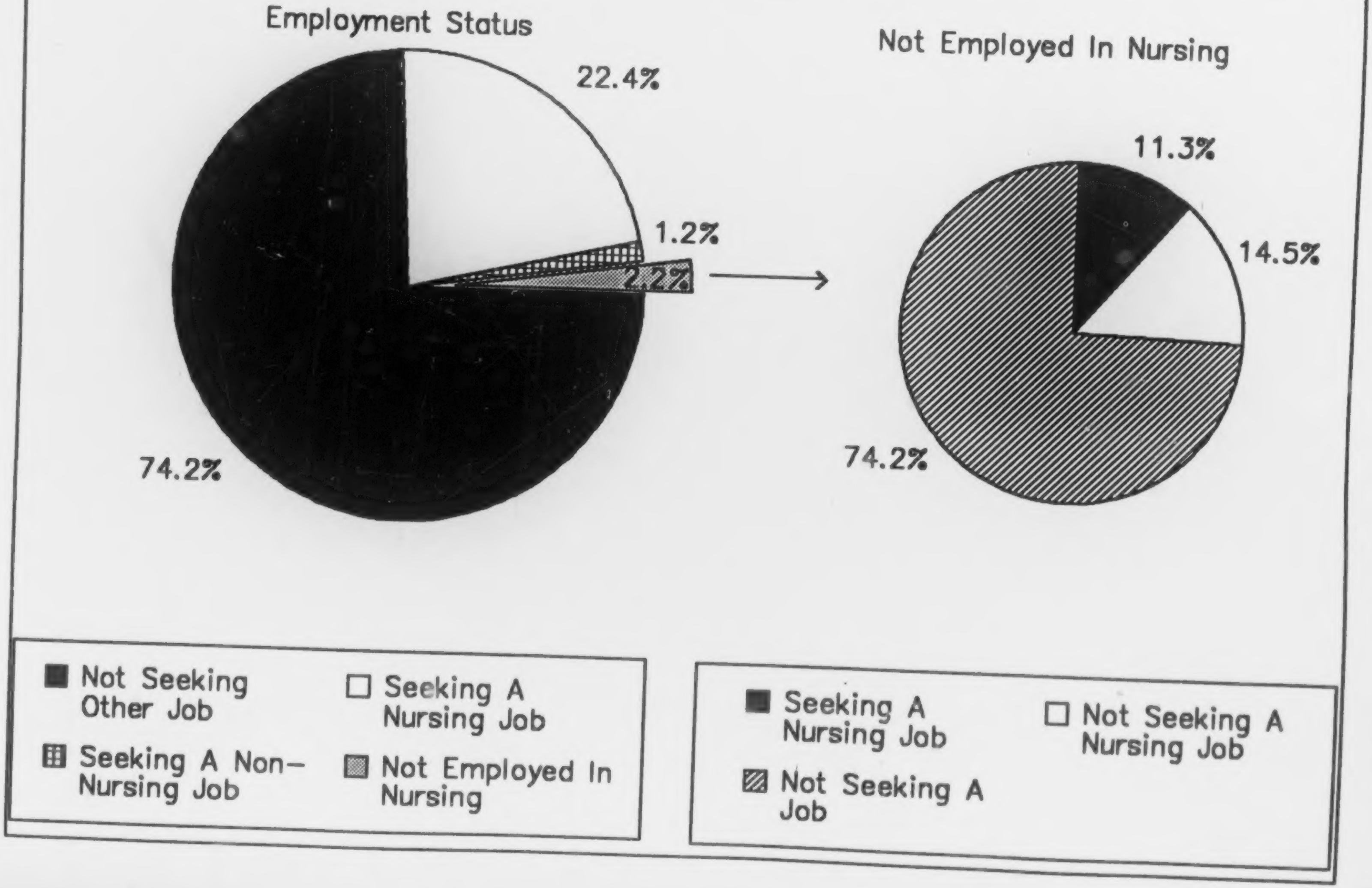
GENDER OF NEWLY LICENSED NURSES, 1990
West South Central Region

An overwhelming majority of newly licensed nurses are female.



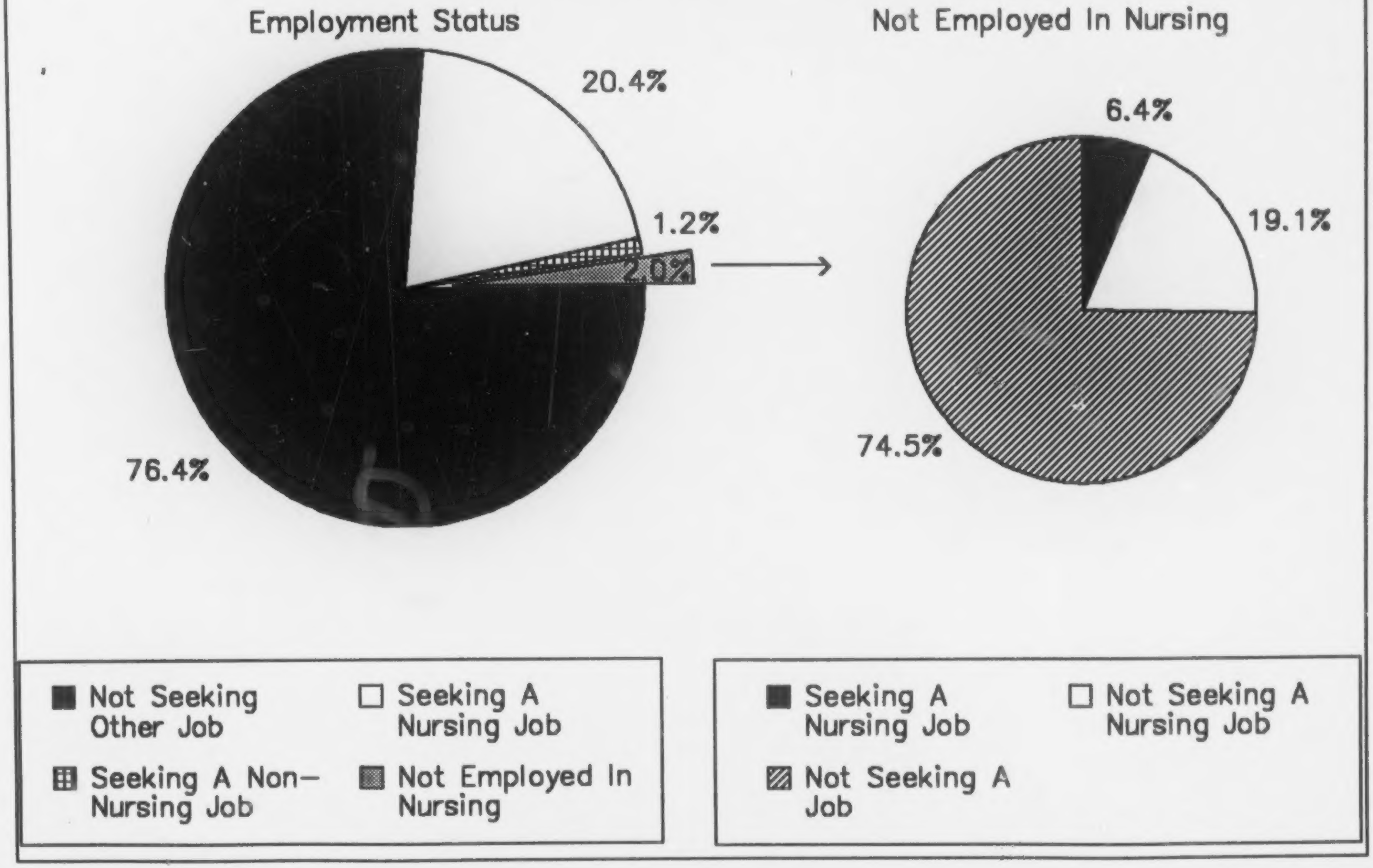
Employment Status of Newly Licensed Nurses, 1990

Over two-thirds of new nurses currently employed in nursing are not seeking another job. Of those unemployed, 74% are voluntarily unemployed.



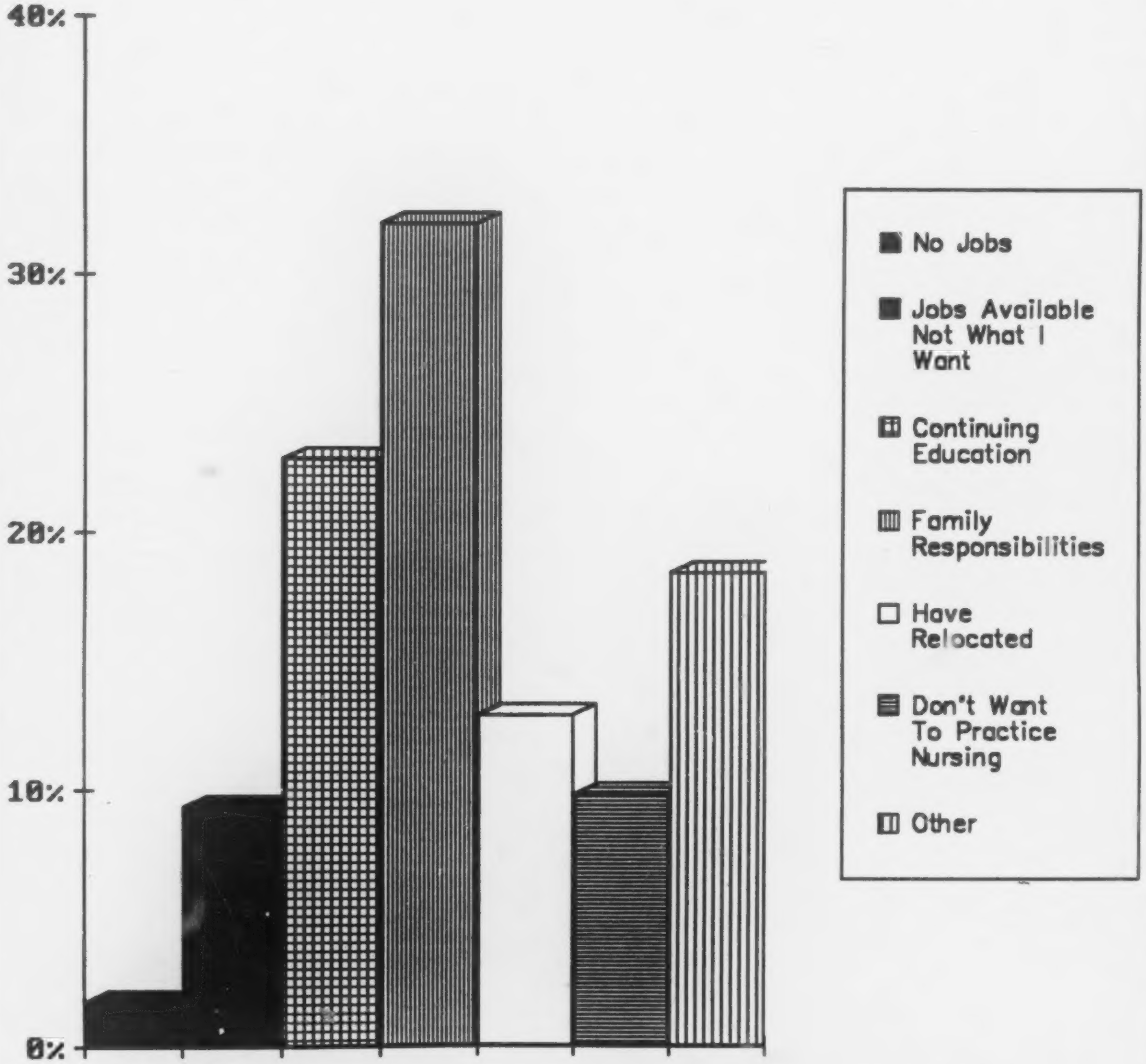
Employment Status of Newly Licensed Nurses, 1990
West South Central Region

Over three–quarters of new nurses currently employed in nursing are not seeking another job. Of those unemployed, 74% are voluntarily unemployed.



MAIN REASON WHY NEWLY LICENSED NURSES ARE NOT EMPLOYED IN NURSING

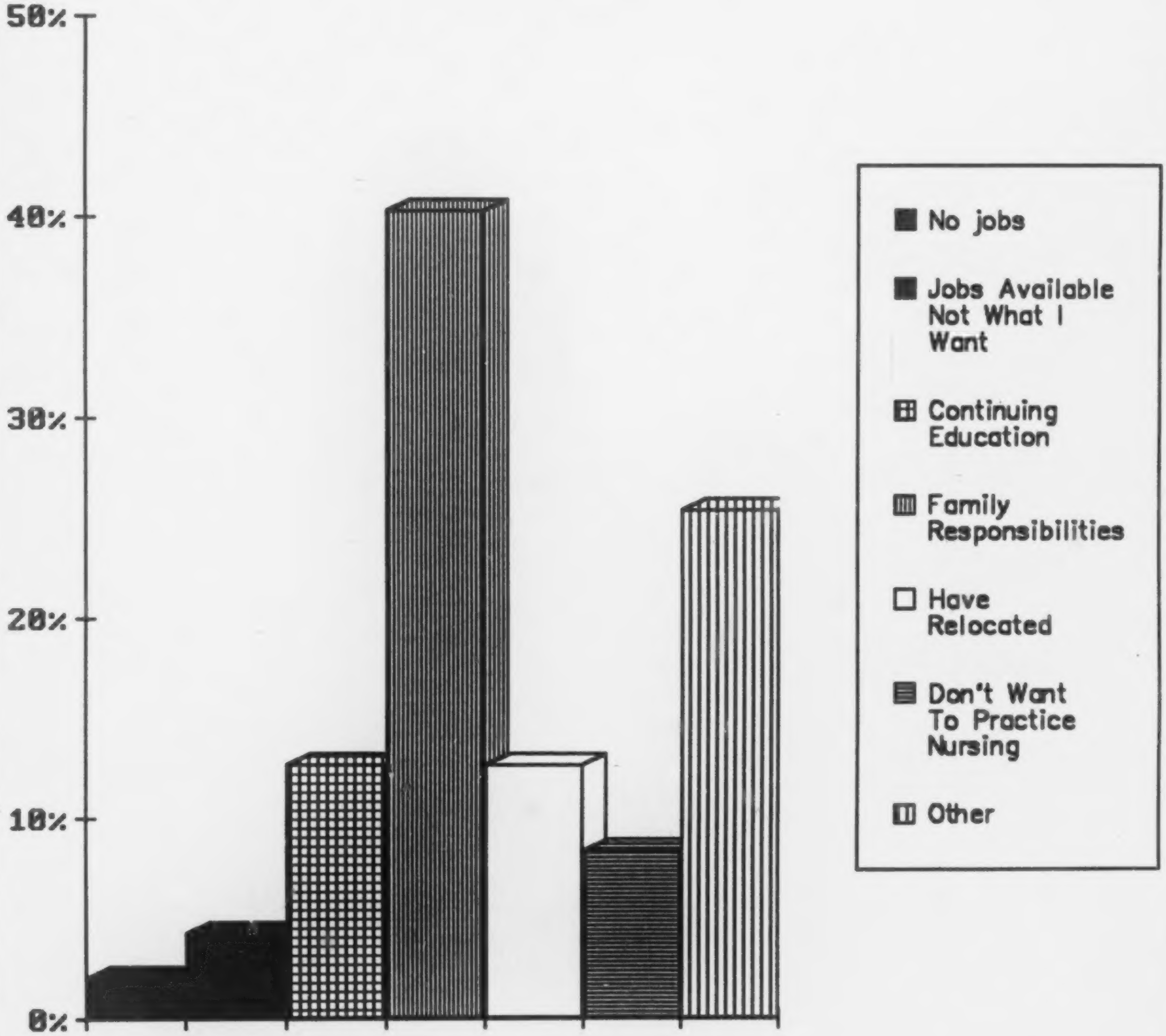
Respondents most often cited "family responsibilities" as their main reason for not currently holding a nursing position.



Note: Only 2 percent of all newly licensed nurses are not employed in nursing. Multiple responses allowed.

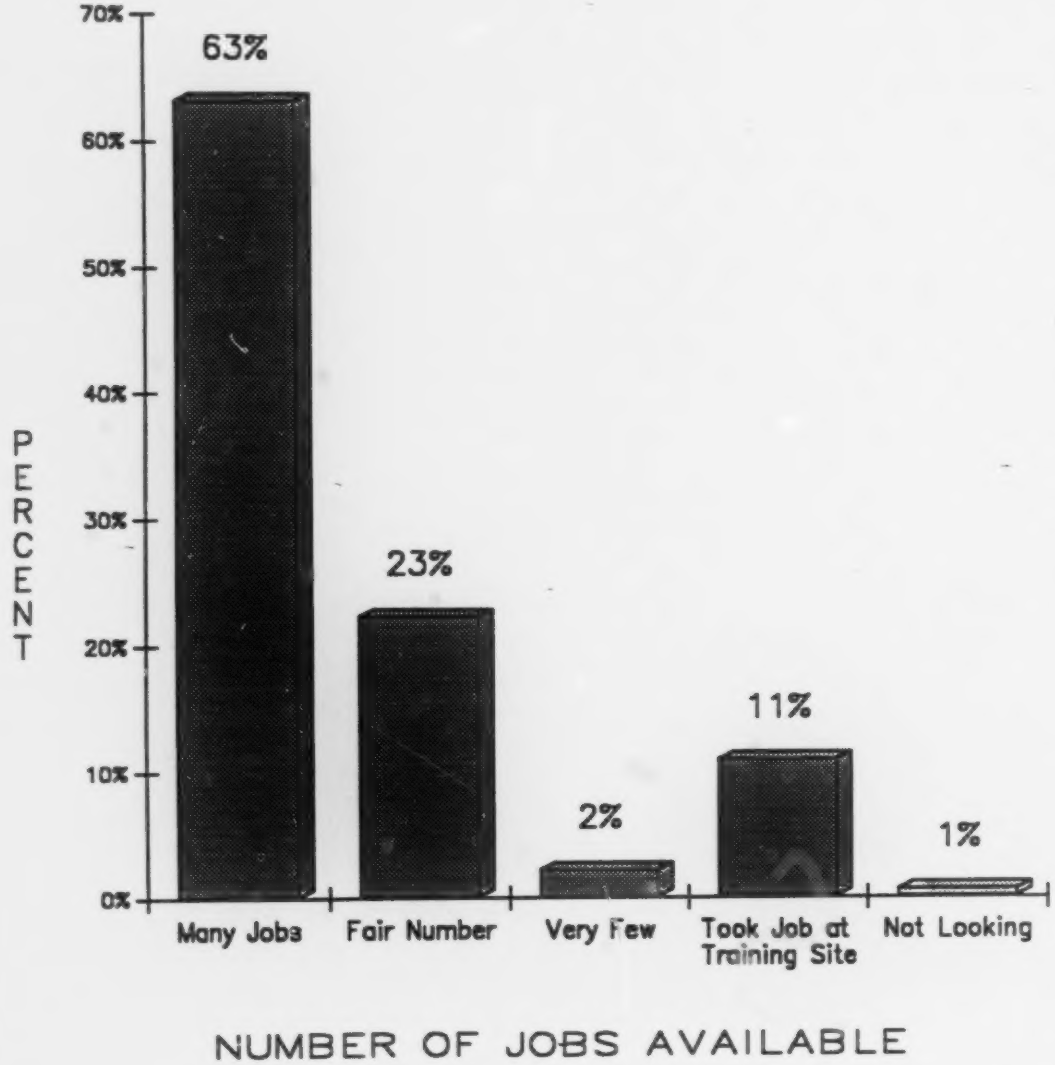
MAIN REASON WHY NEWLY LICENSED NURSES ARE NOT EMPLOYED IN NURSING
West South Central Region

Respondents overwhelmingly chose "family responsibilities" as their main reason for not currently holding a nursing position.



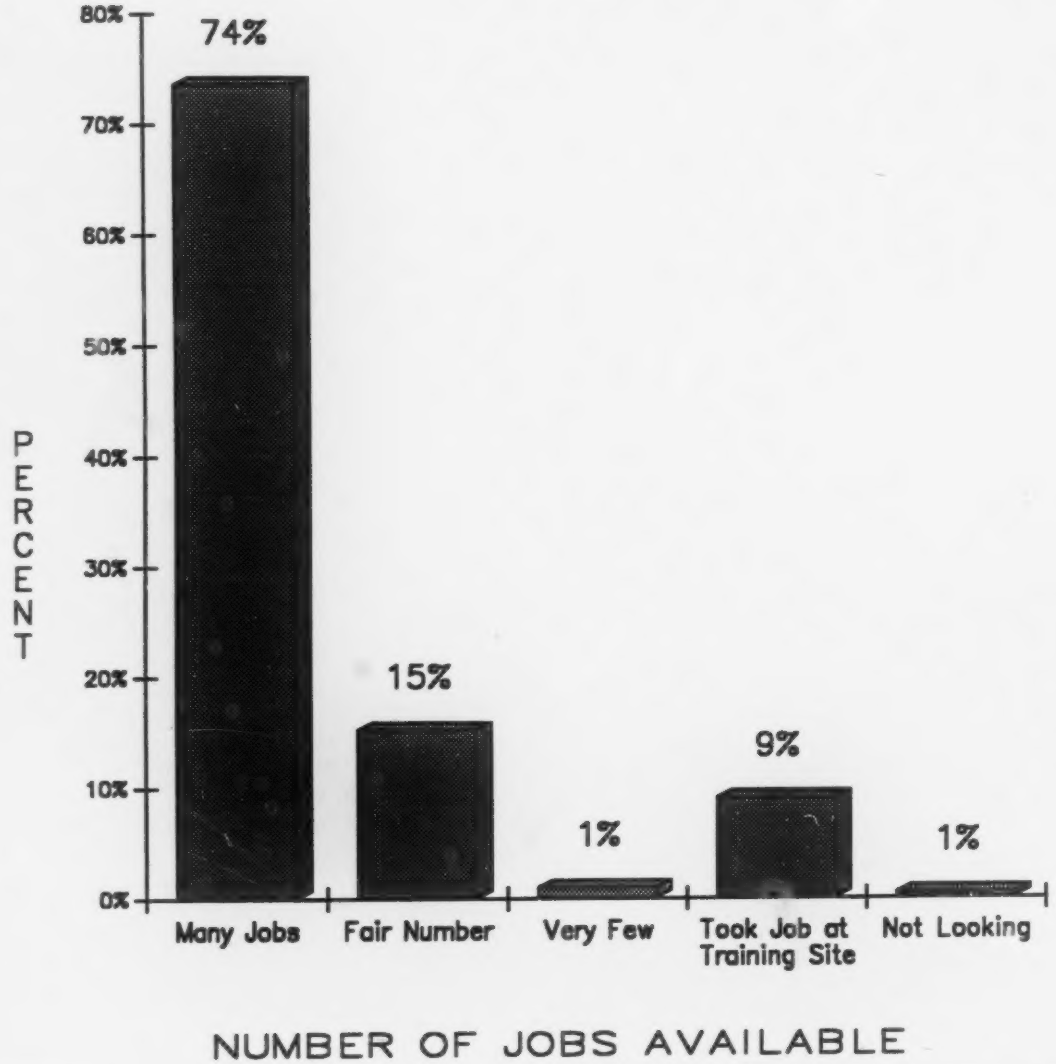
PERCEPTIONS OF JOB AVAILABILITY OF NEWLY LICENSED NURSES, 1990

Almost two-thirds stated that "many jobs" were available when they were job-hunting indicating that demand for new RNs is strong.



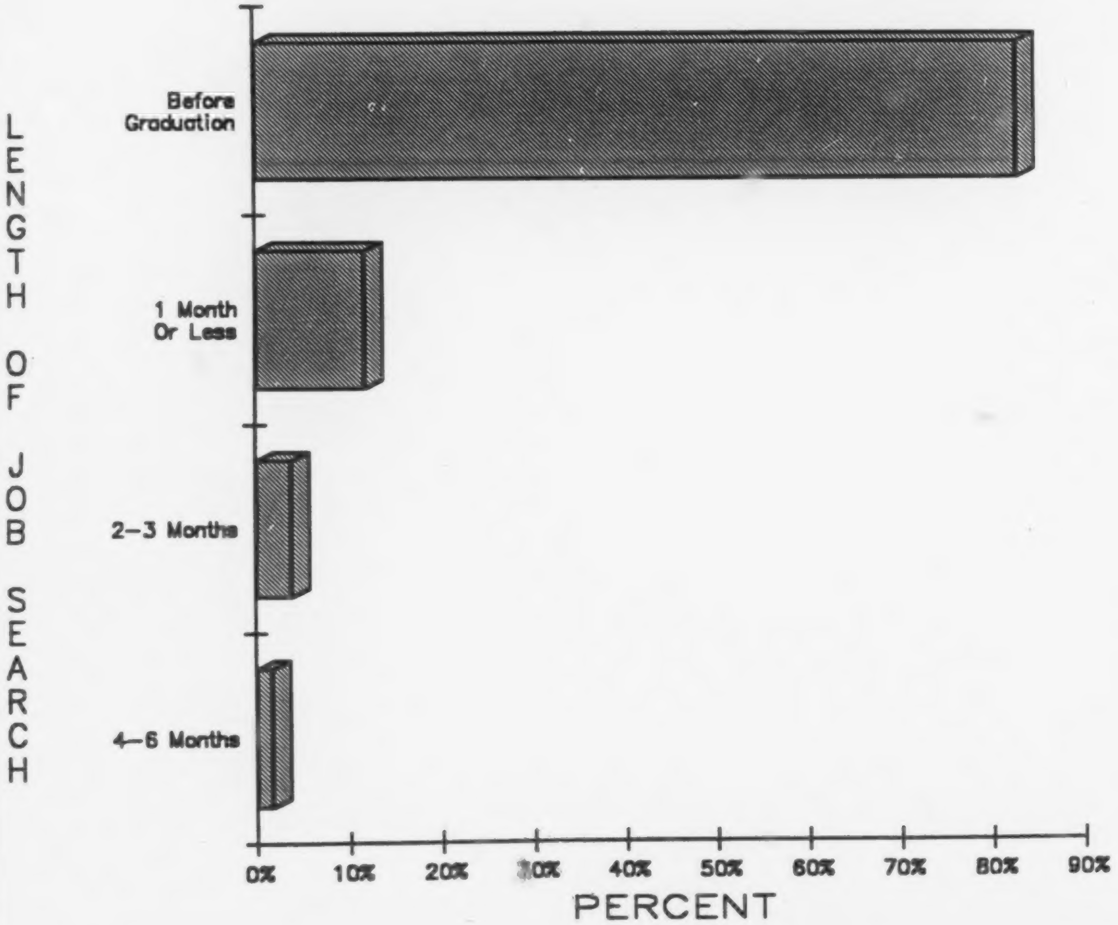
PERCEPTIONS OF JOB AVAILABILITY OF NEWLY LICENSED NURSES, 1990
West South Central Region

Almost three-quarters stated that "many jobs" were available when they were job-hunting indicating that demand for new RNs is strong.



LENGTH OF JOB SEARCH OF NEWLY LICENSED NURSES, 1990

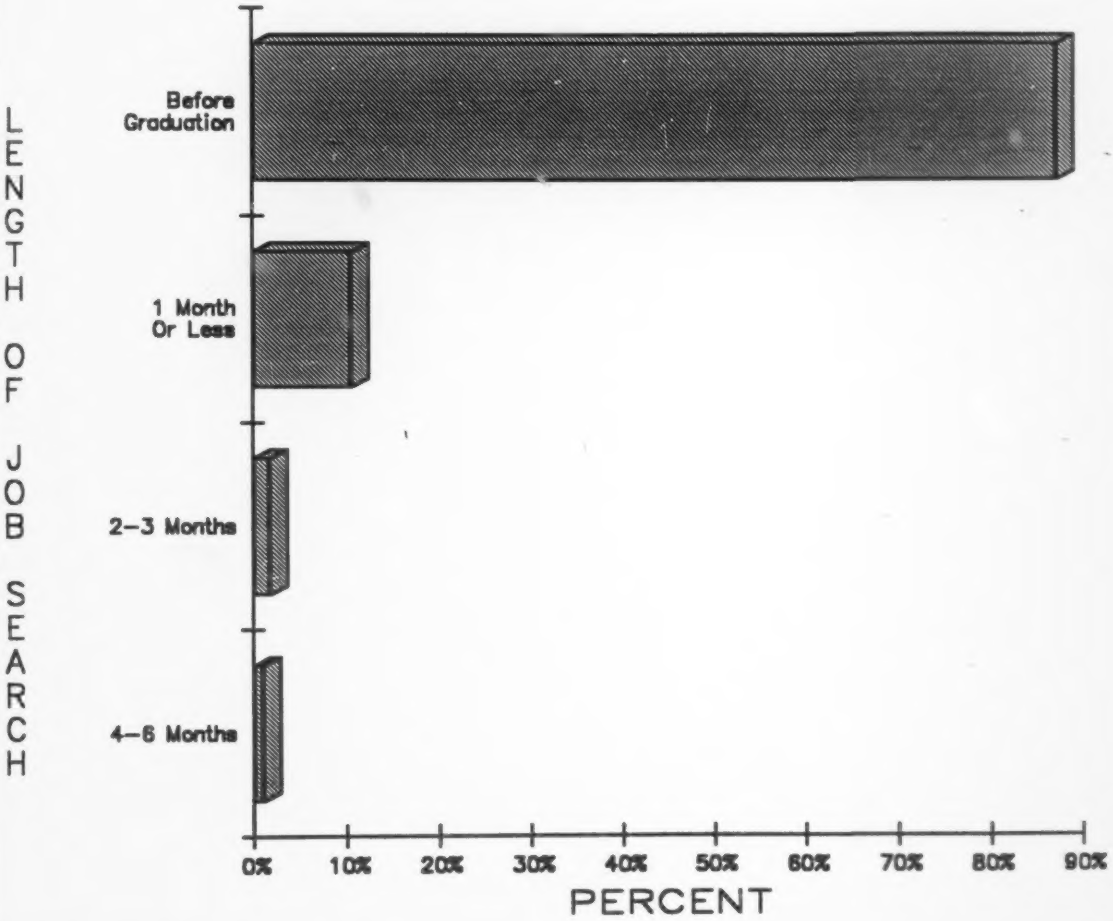
Demand for new RNs is high. Over 90% found jobs either before or within one month of graduation.



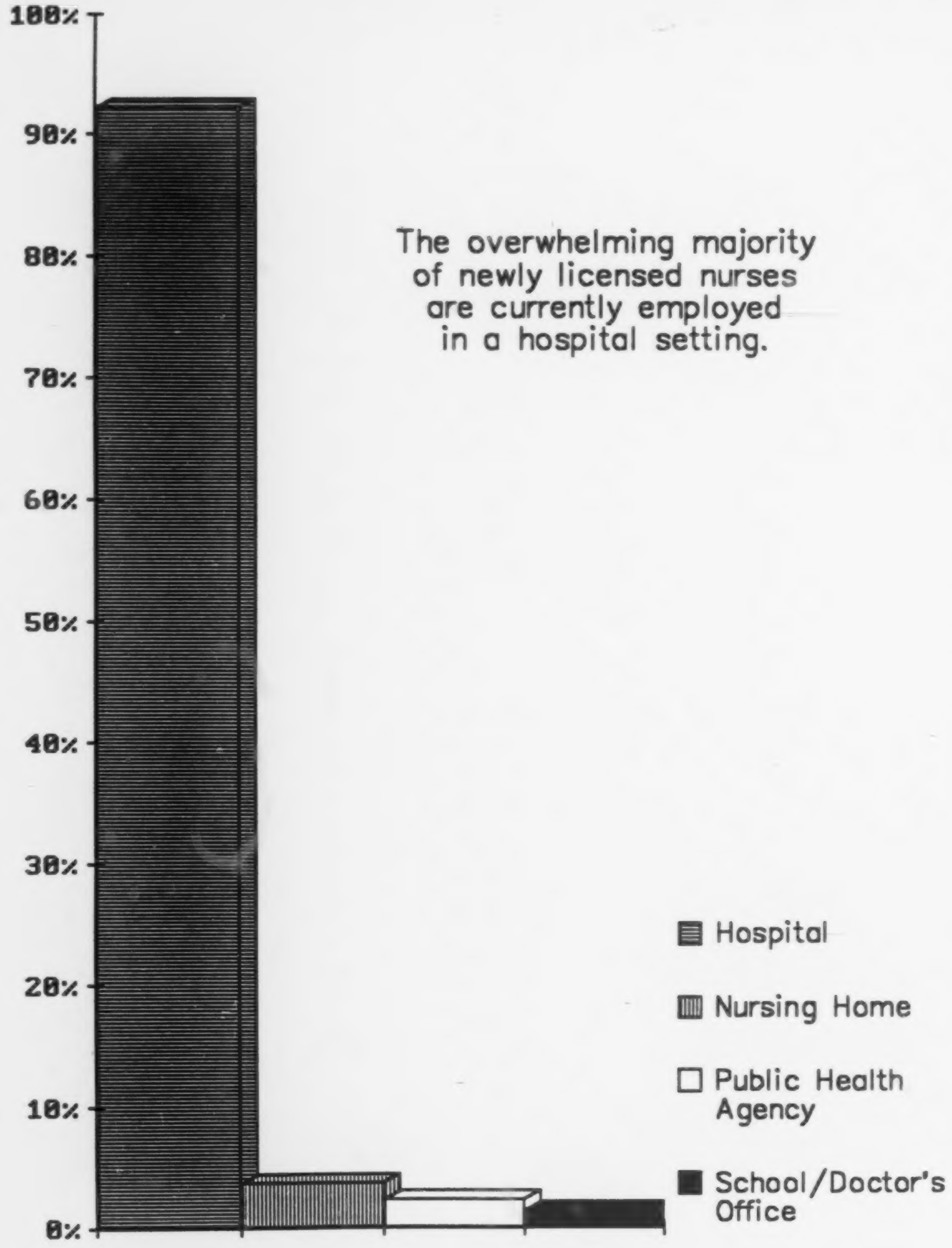
LENGTH OF JOB SEARCH OF NEWLY LICENSED NURSES, 1990

West South Central Region

Demand for new RNs is high. Almost 87% found jobs before graduation.

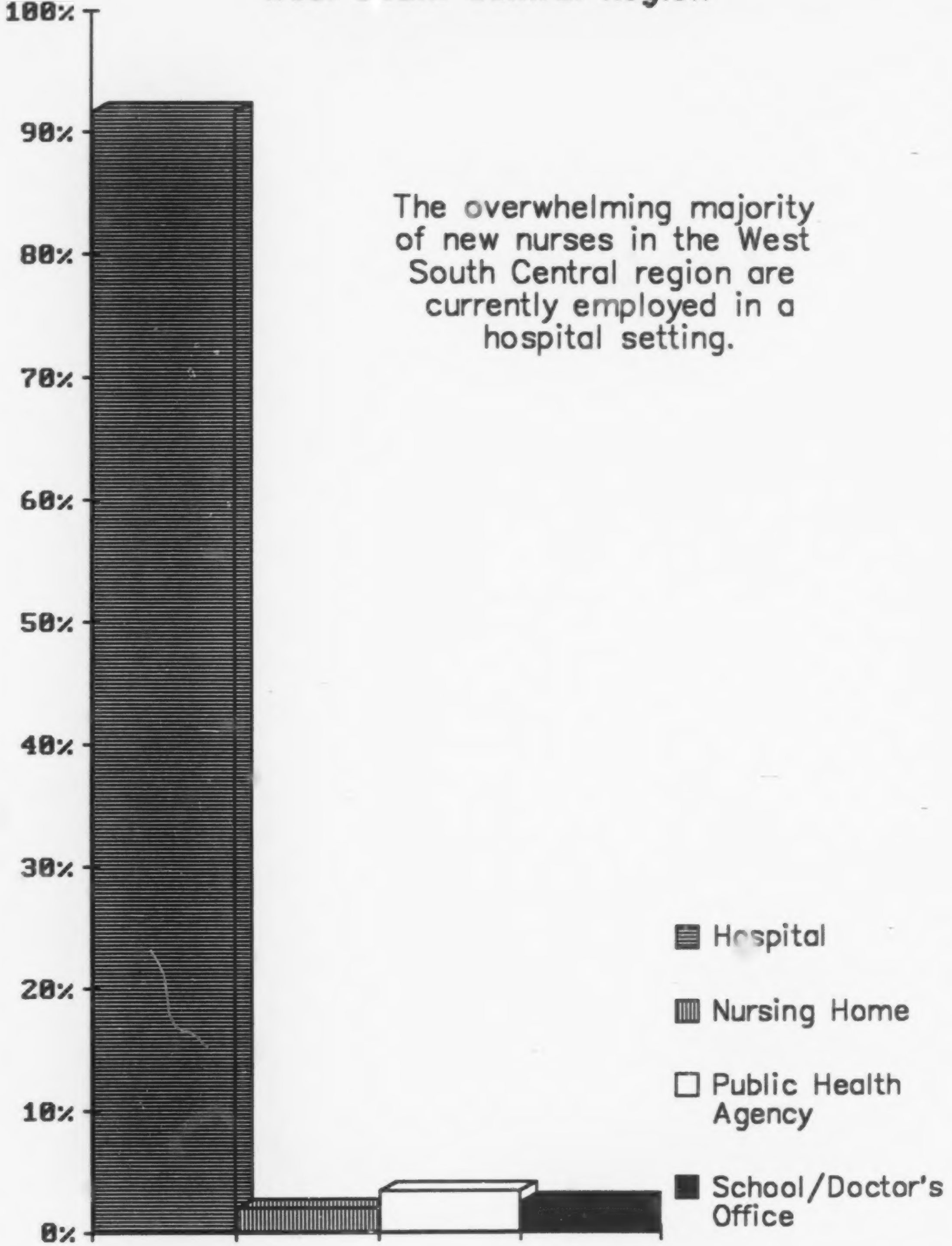


EMPLOYMENT SETTINGS OF NEWLY LICENSED NURSES, 1990



The overwhelming majority of newly licensed nurses are currently employed in a hospital setting.

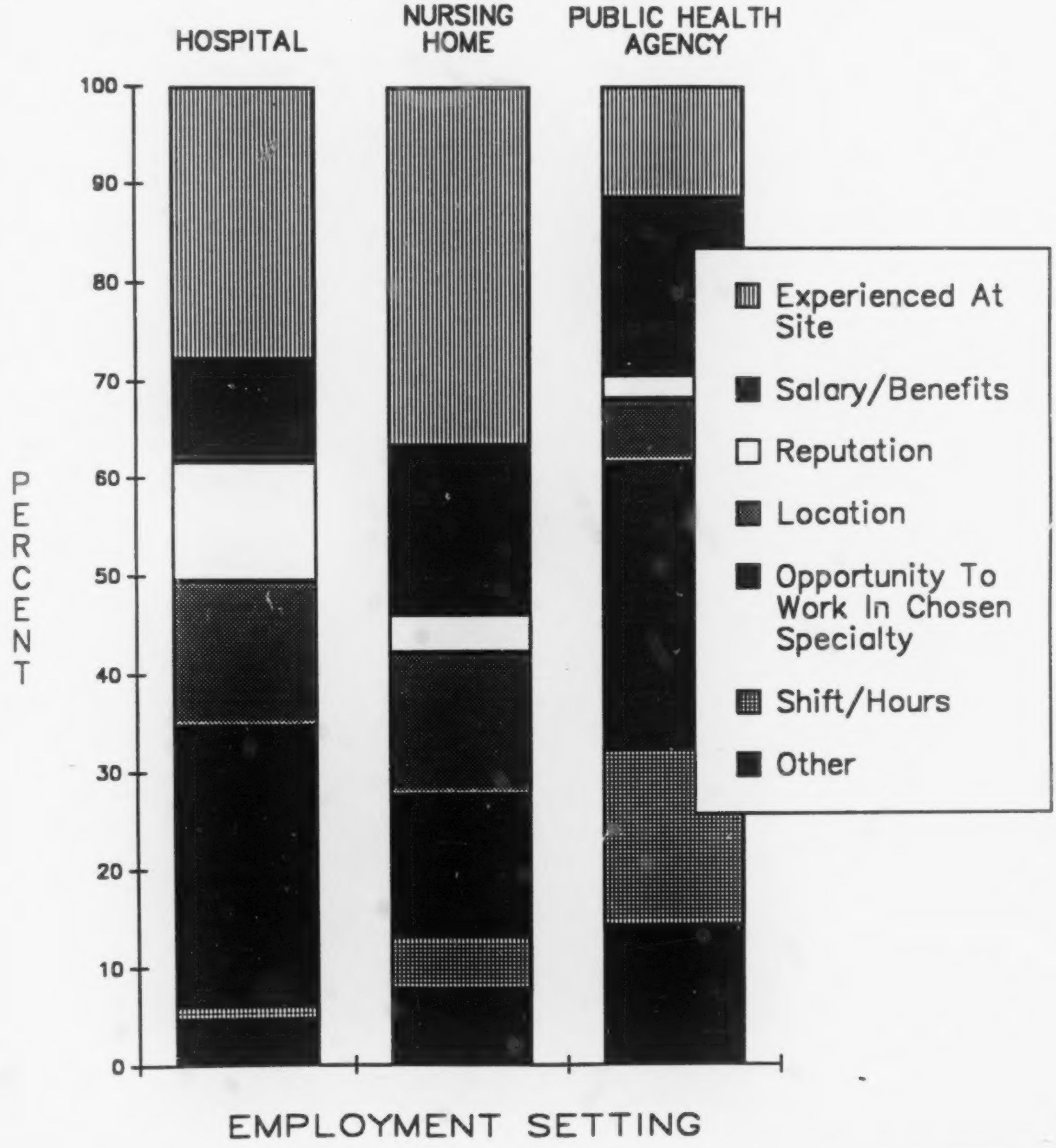
EMPLOYMENT SETTINGS OF NEWLY LICENSED NURSES, 1990
West South Central Region



The overwhelming majority of new nurses in the West South Central region are currently employed in a hospital setting.

REASONS FOR CHOOSING CURRENT POSITION BY EMPLOYMENT SETTING, 1990

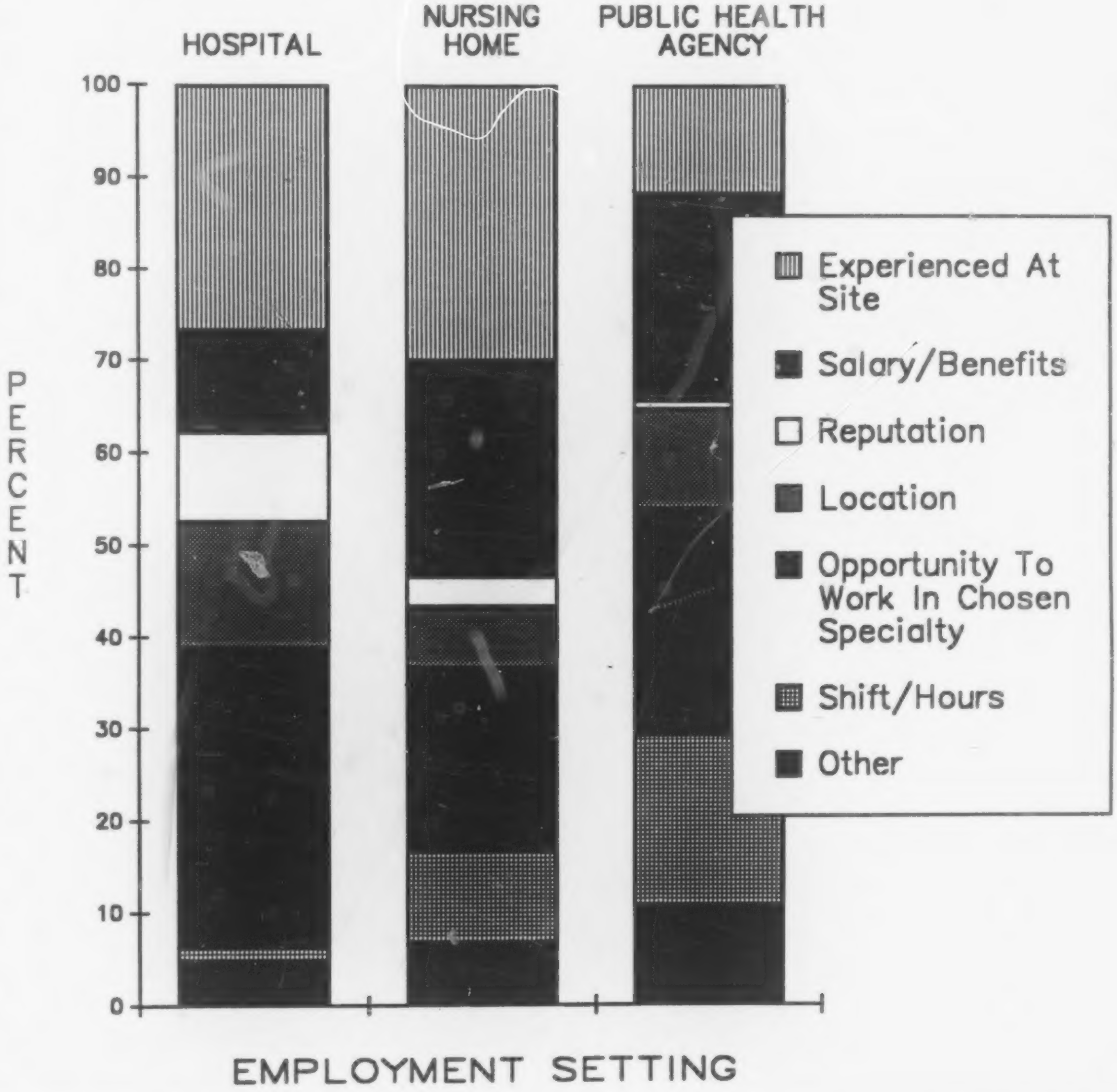
A plurality of new RNs in hospitals and public health agencies chose their position to work in their chosen specialty. Those working in nursing homes chose their position because of prior experience at the site.



REASONS FOR CHOOSING CURRENT POSITION BY EMPLOYMENT SETTING, 1990

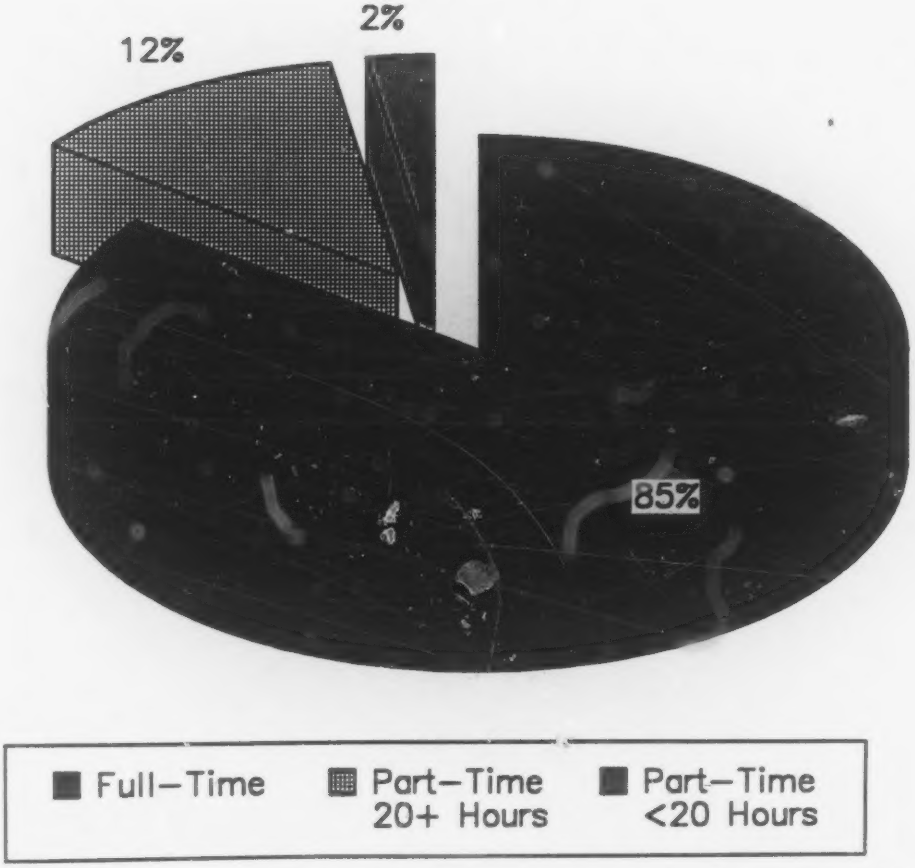
West South Central Region

The most frequently cited reasons for job selection are "opportunity to work in chosen specialty" and "prior experience in institution".



ACTIVITY STATUS OF NEWLY LICENSED NURSES, 1990

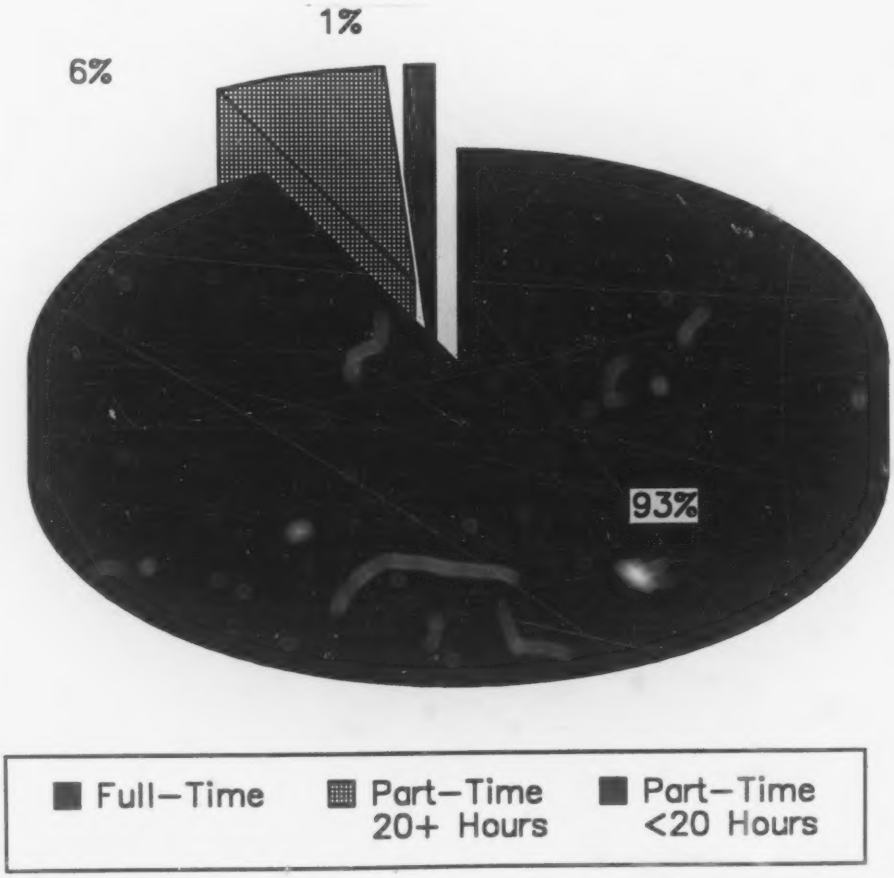
A great majority of new RNs work full-time. Only 2% work less than 20 hours per week.



ACTIVITY STATUS OF NEWLY LICENSED NURSES, 1990

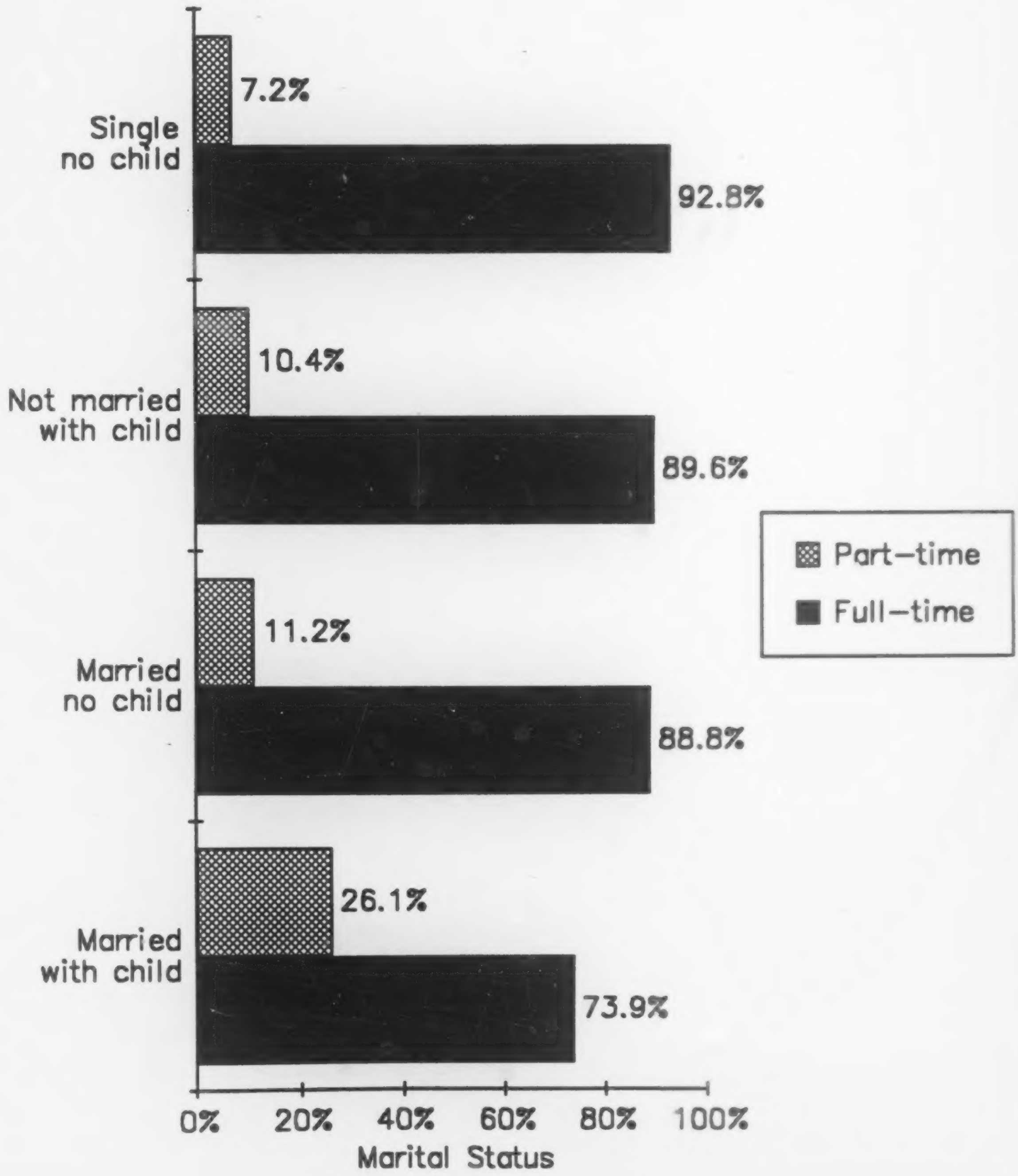
West South Central Region

93% of new RNs in the West South Central region work full–time.



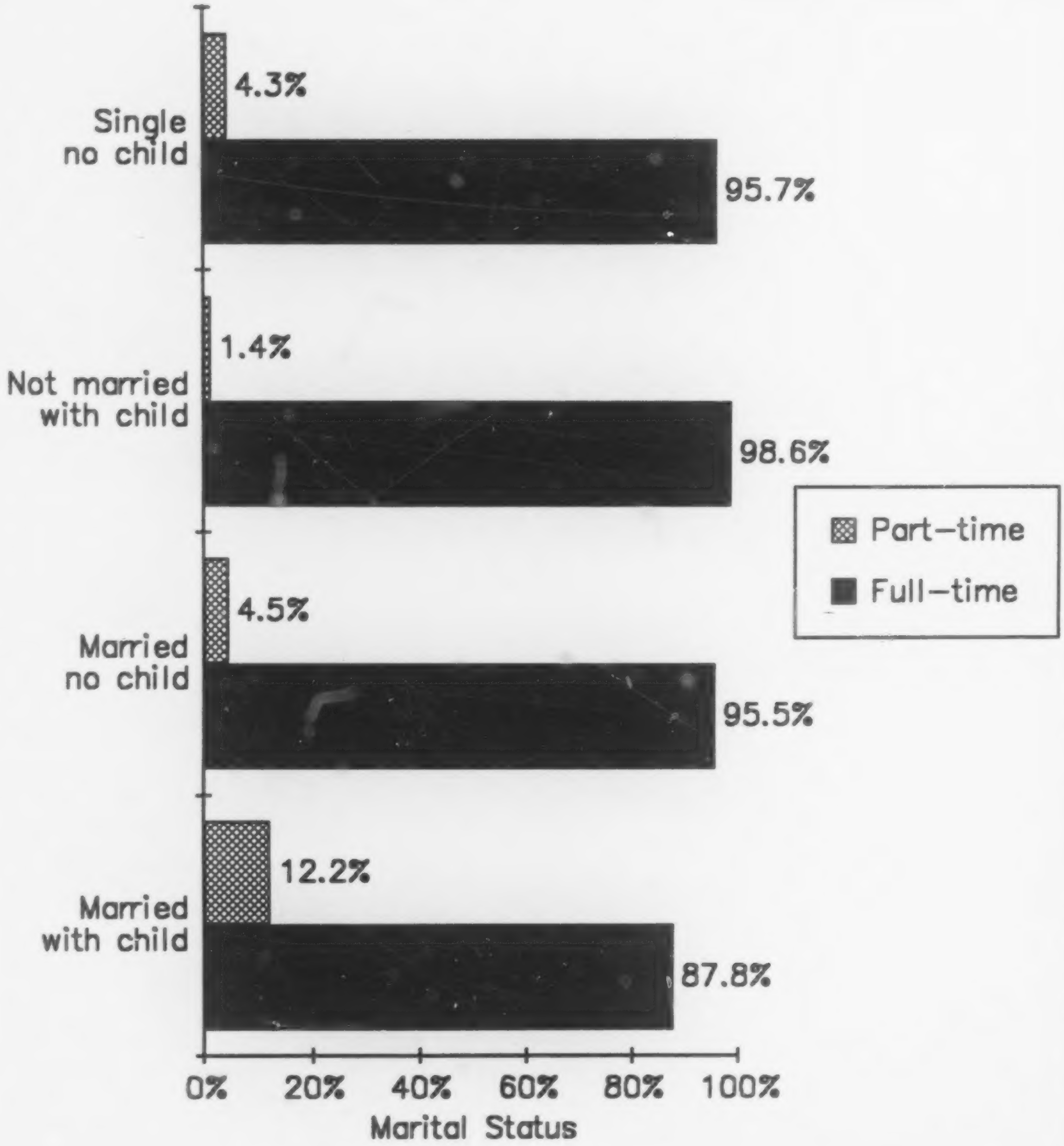
Activity Status of Newly Licensed Nurses by Marital Status

A large majority of new nurses work full–time.



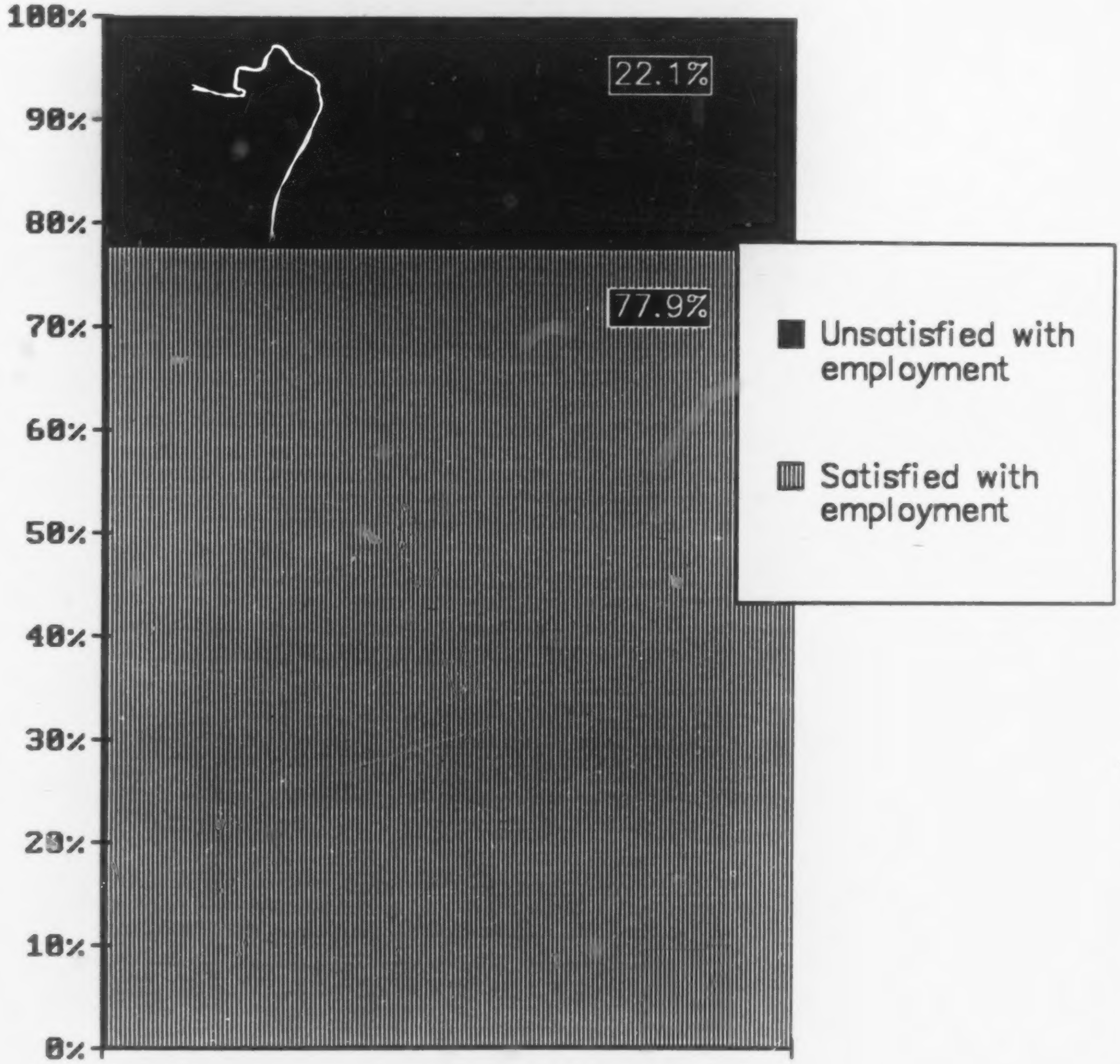
Activity Status of Newly Licensed Nurses by Marital Status West South Central Region

While large majorities of new nurses work full-time, the West South Central region has the highest percentage of full-time workers among any marital status.



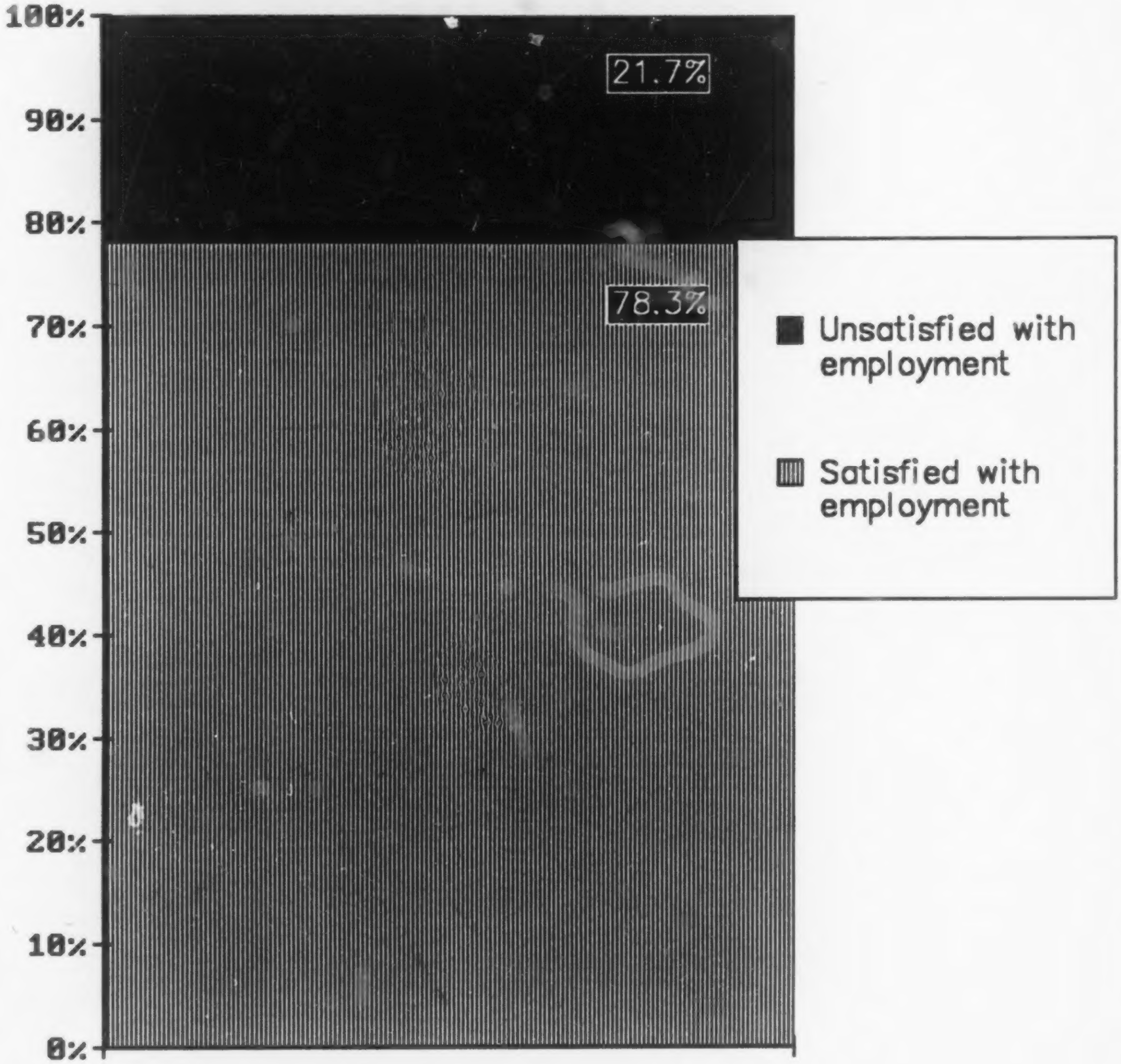
EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES

A high proportion of new nurses (77.9%) are satisfied with their employment



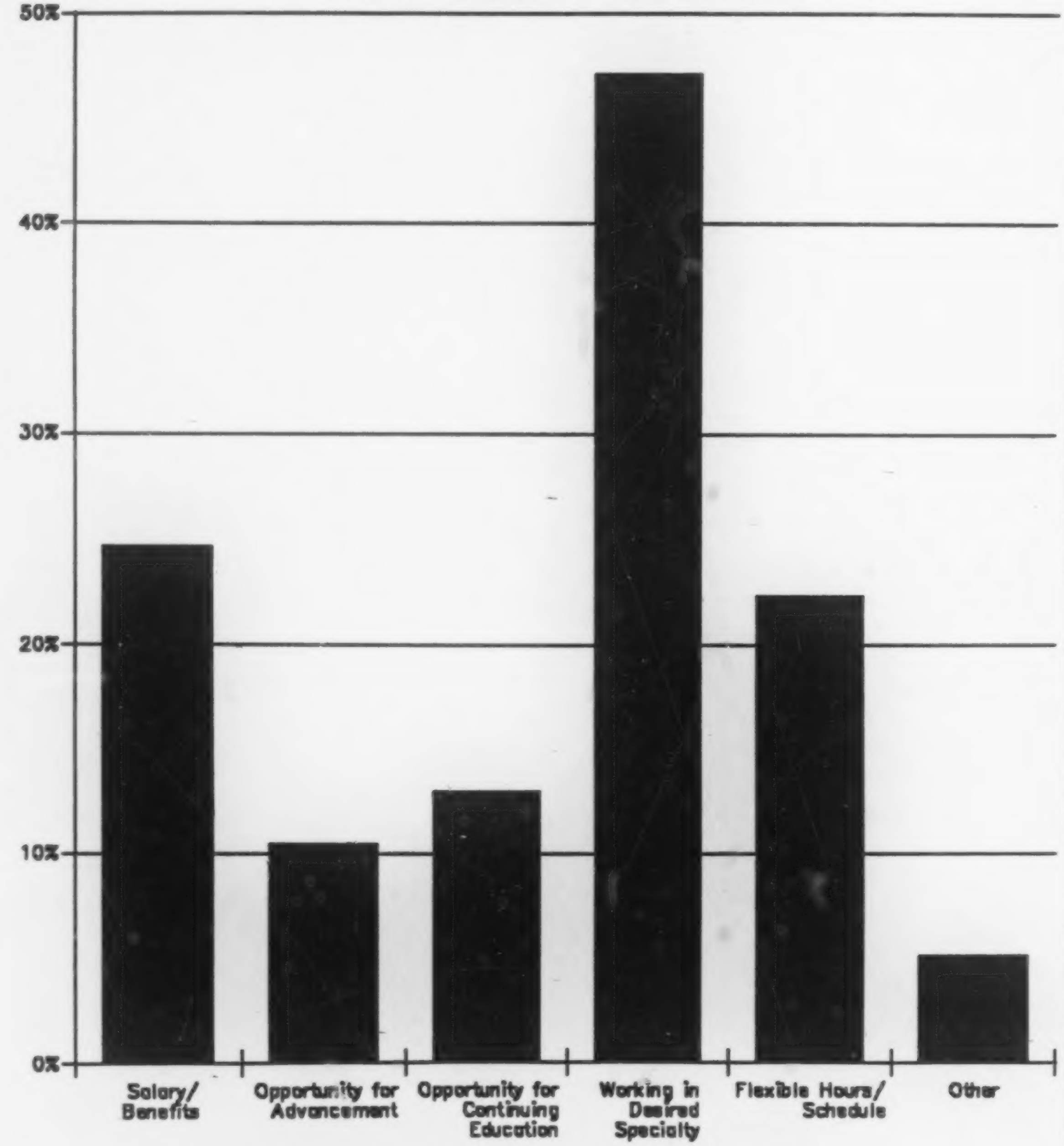
EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES
West South Central Region

A high proportion of new nurses (78.3%) are satisfied with their employment in the West South Central region.



MAIN SOURCE OF JOB SATISFACTION OF NEWLY LICENSED NURSES, 1990

Respondents most often cited "working in desired specialty" as their main source of satisfaction.

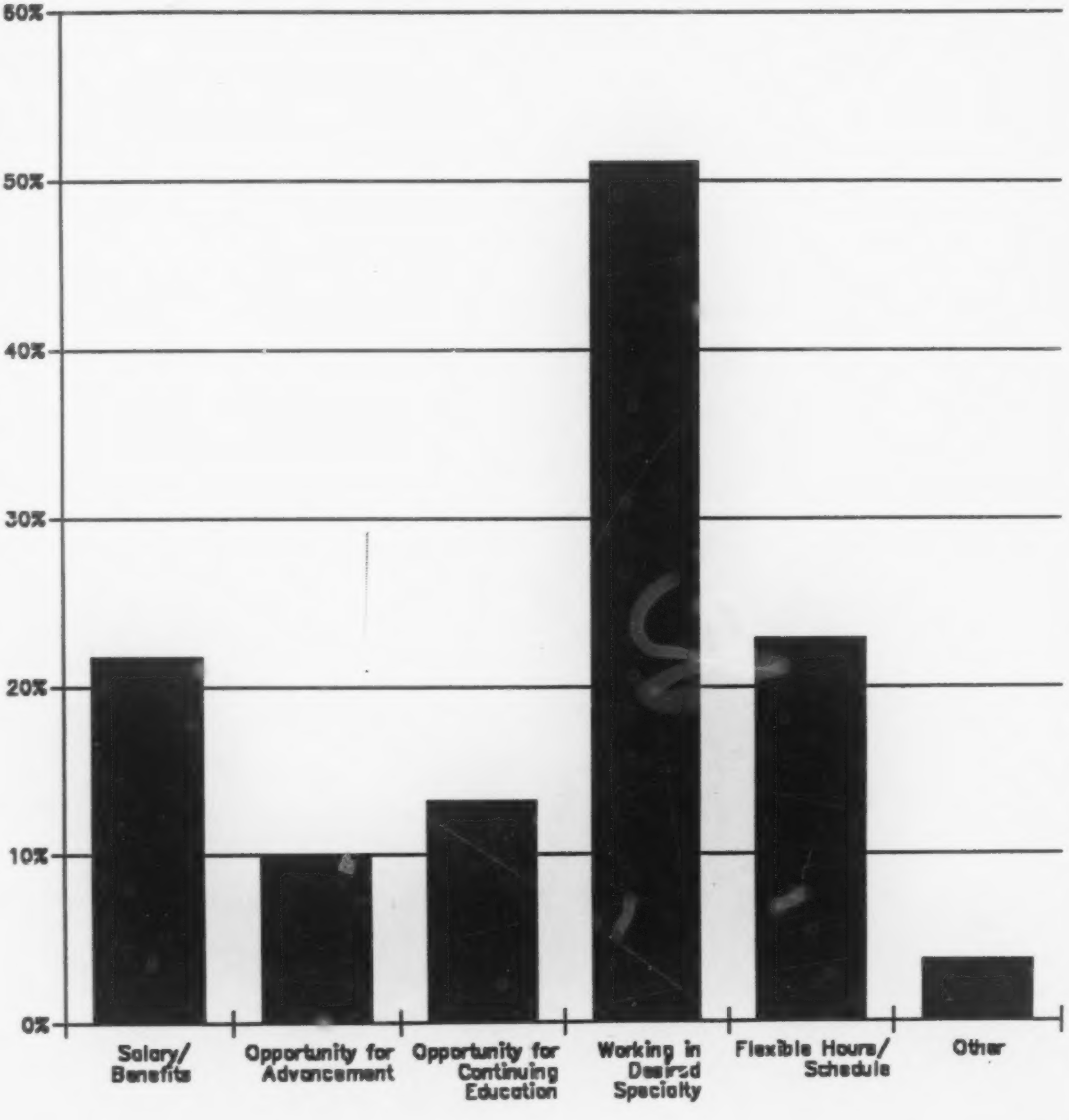


*Multiple responses were allowed for this question. Therefore, the sum of all responses will be greater than 100 percent.

MAIN SOURCE OF JOB SATISFACTION OF NEWLY LICENSED NURSES, 1990

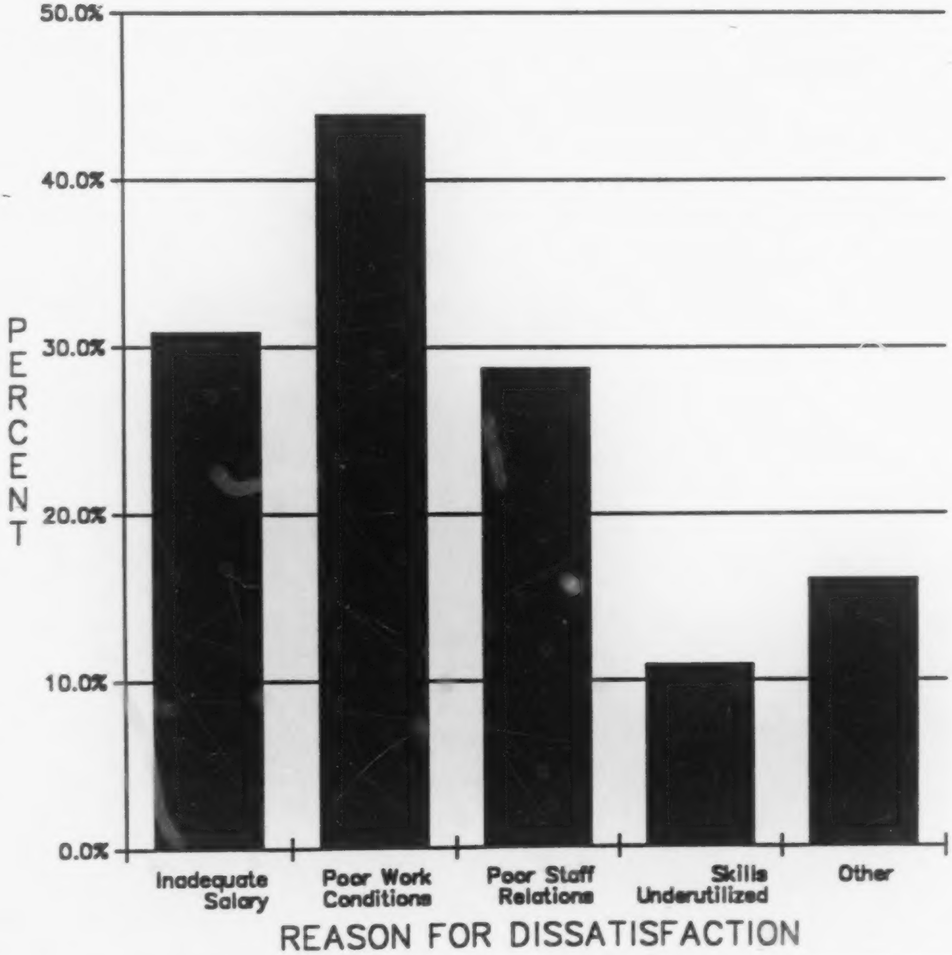
West South Central Region

Over one-half of all respondents cited "working in desired specialty" as their main source of job satisfaction.



MAIN SOURCE OF JOB DISSATISFACTION BY NEWLY LICENSED NURSES

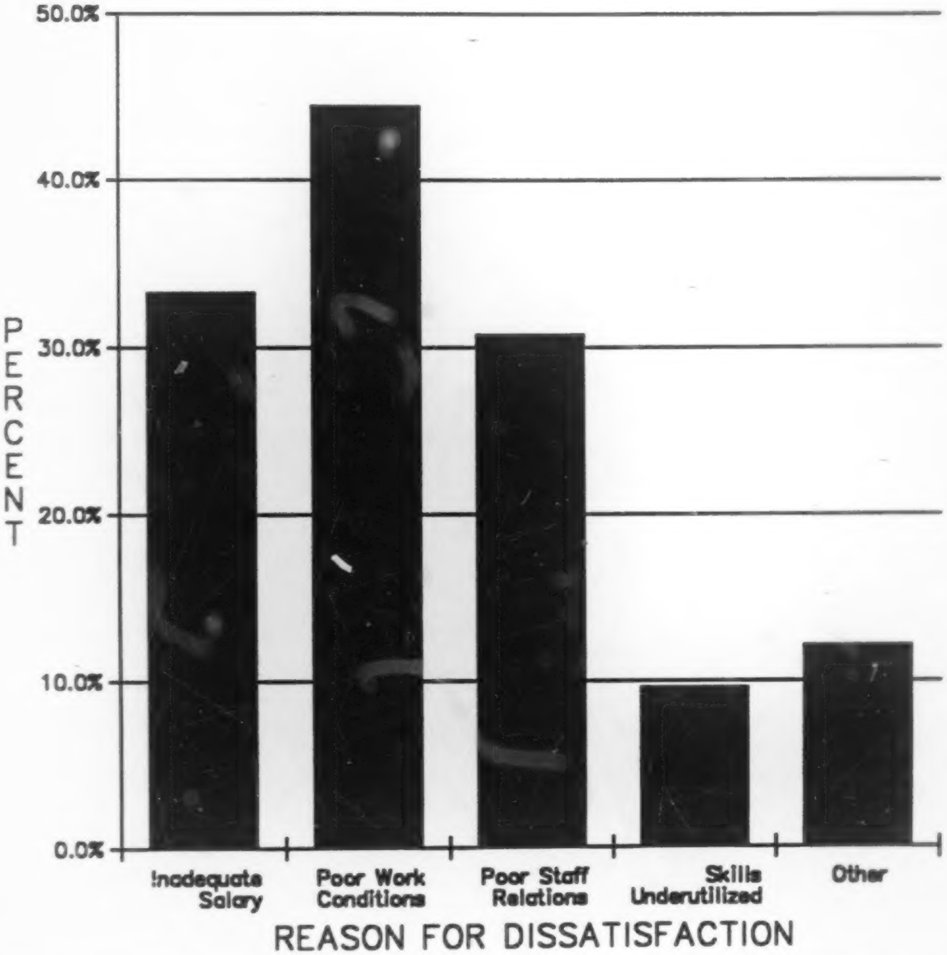
"Poor working conditions" was most often cited as a source of job dissatisfaction, followed by "inadequate salary" and "poor staff relations."



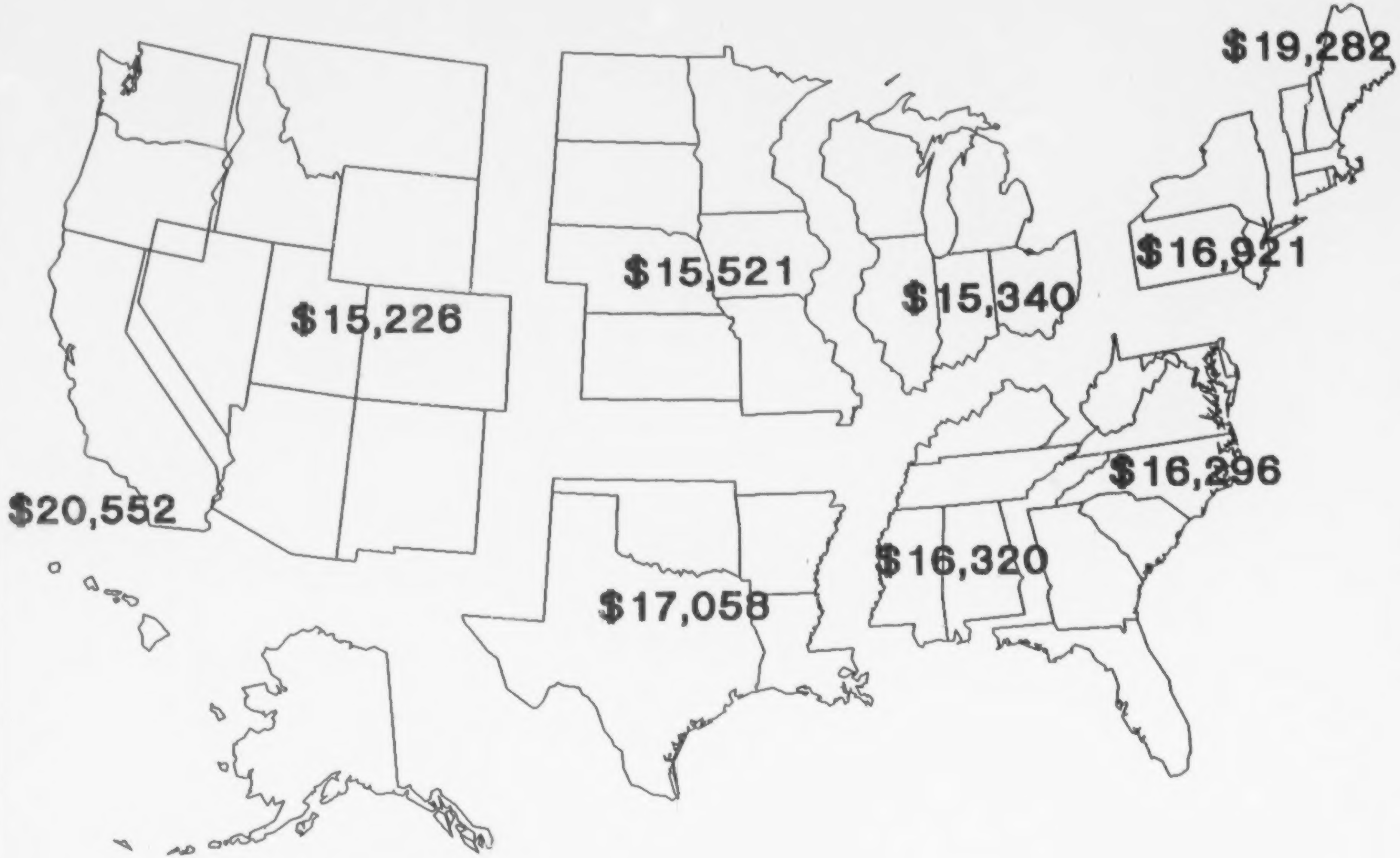
MAIN SOURCE OF JOB DISSATISFACTION AMONG NEWLY LICENSED NURSES, 1990

West South Central Region

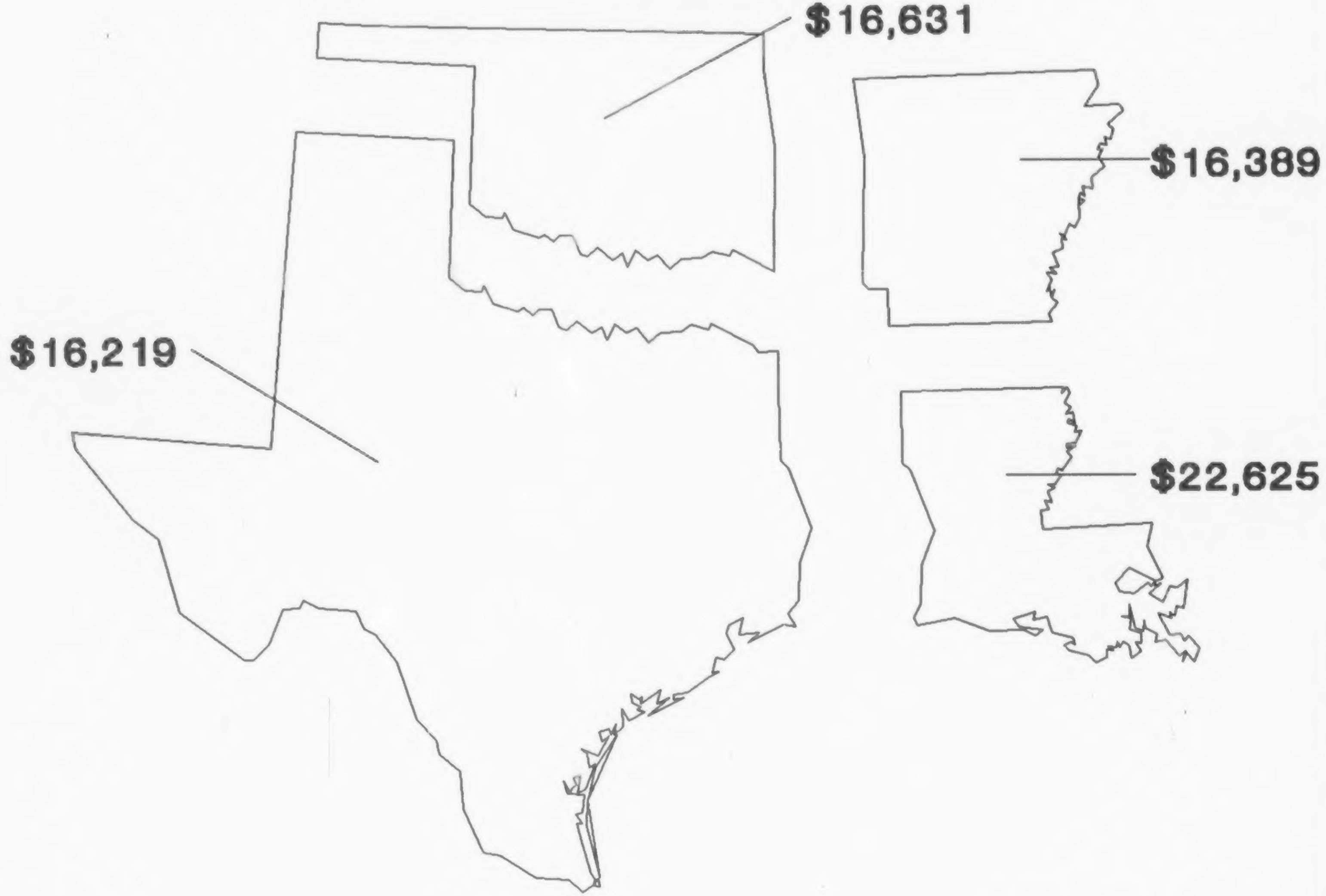
"Poor working conditions" was ranked highest as a source of job dissatisfaction. "Inadequate salary" ranked second and "poor staff relations" third.



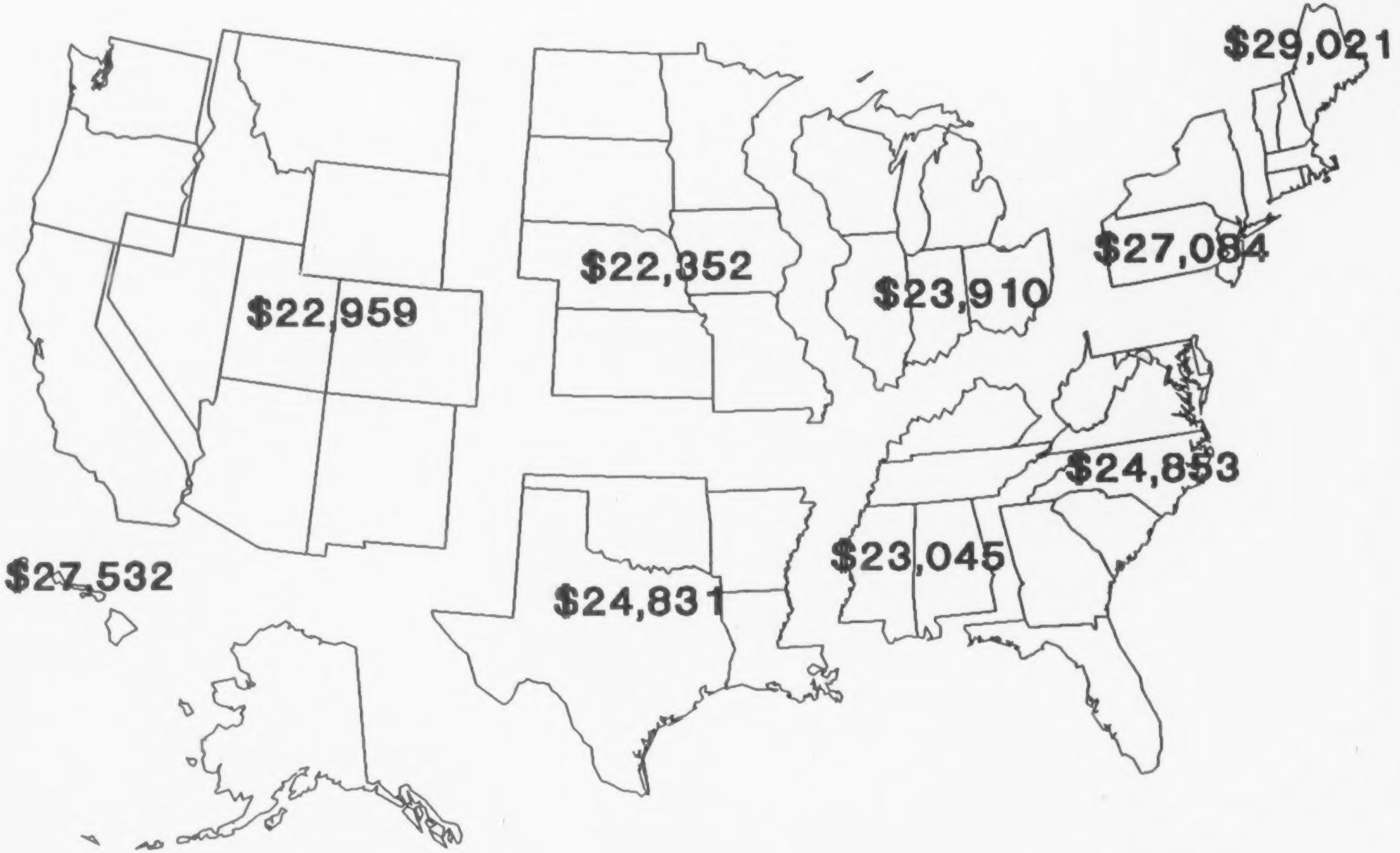
Mean Part-Time Salaries


$19,282
$16,921
$15,226
$15,521
$15,340
$20,552
$16,296
$16,320
$17,058

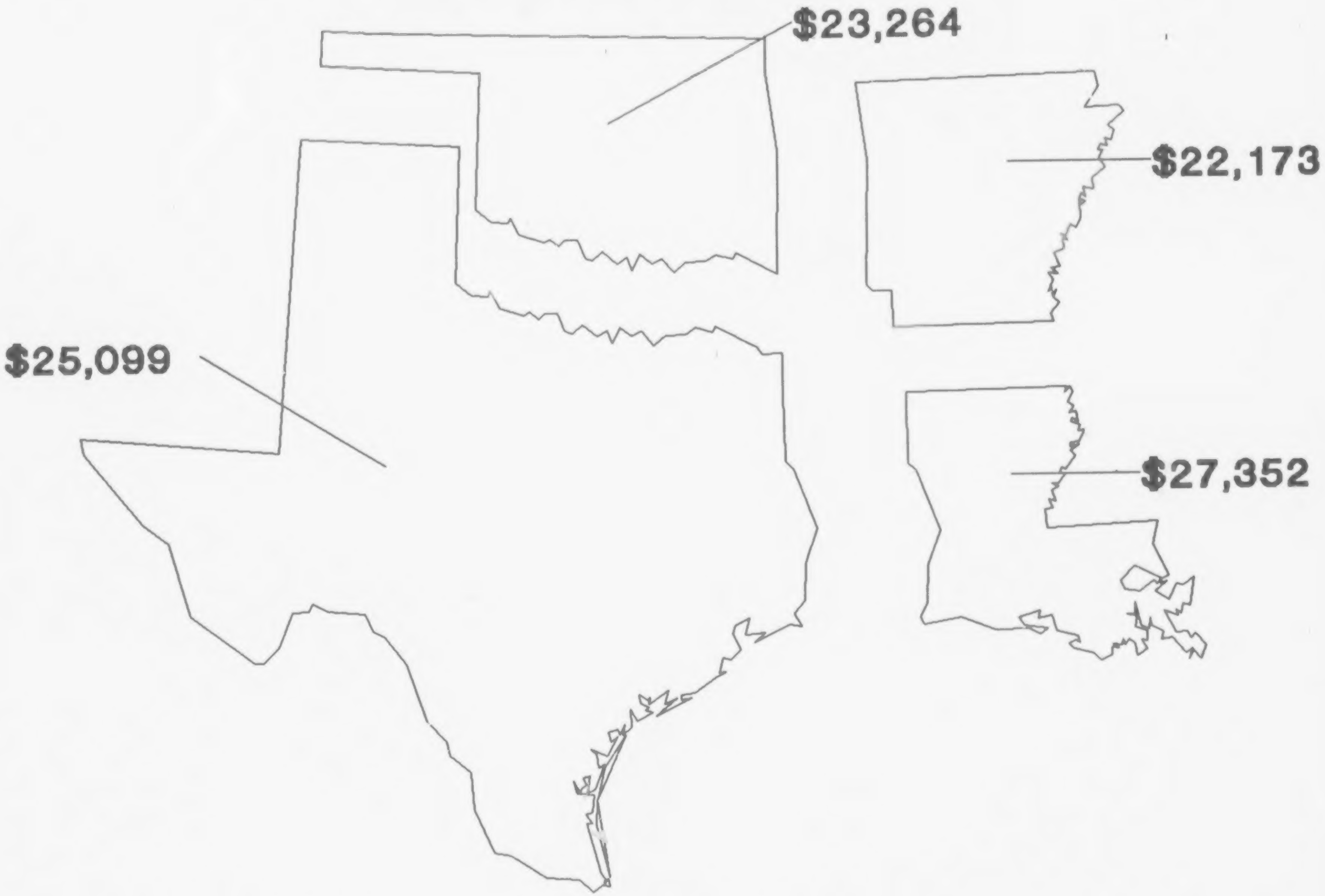
Mean Part-time Salaries
West South Central Region

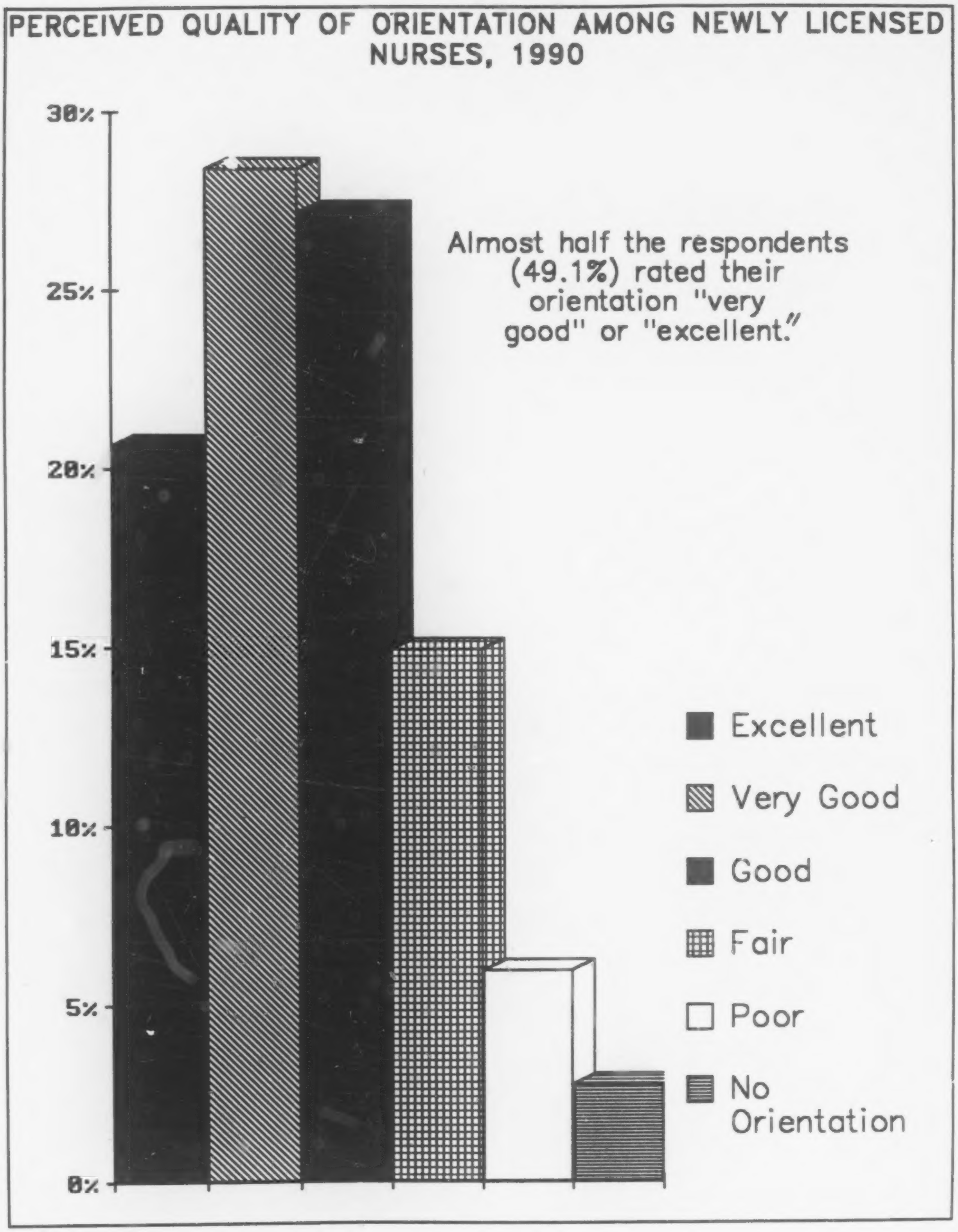

$16,631
$16,389
$16,219
$22,625

Mean Full-time Salaries


$29,021
$27,084
$22,352
$23,910
$22,959
$24,853
$23,045
$27,532
$24,831

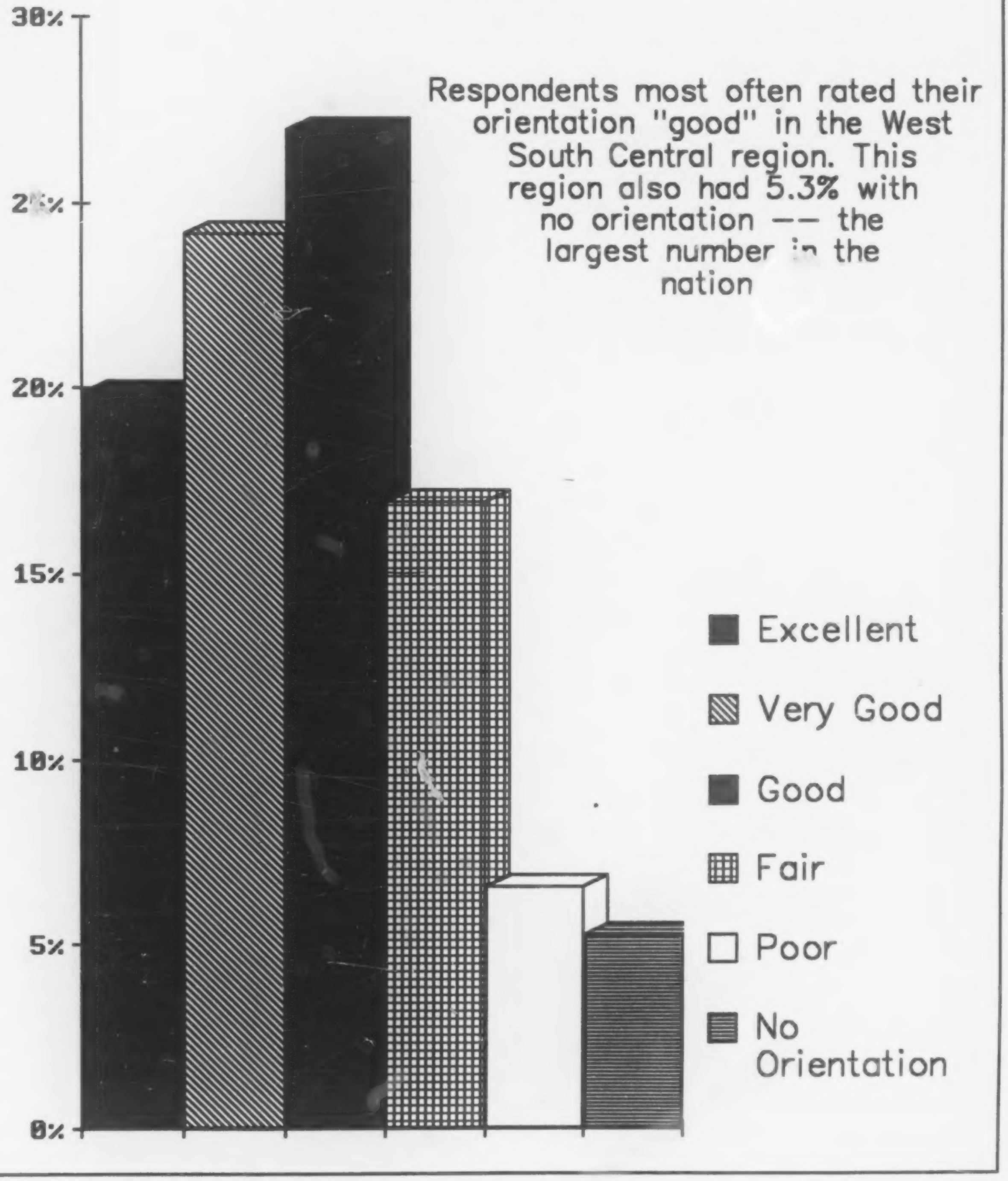
Mean Full-time Salaries
West South Central Region


$23,264
$22,173
$25,099
$27,352


PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES, 1990
30%
25%
20%
15%
10%
5%
0%
Almost half the respondents (49.1%) rated their orientation "very good" or "excellent."
Excellent
Very Good
Good
Fair
Poor
No Orientation

PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES, 1990

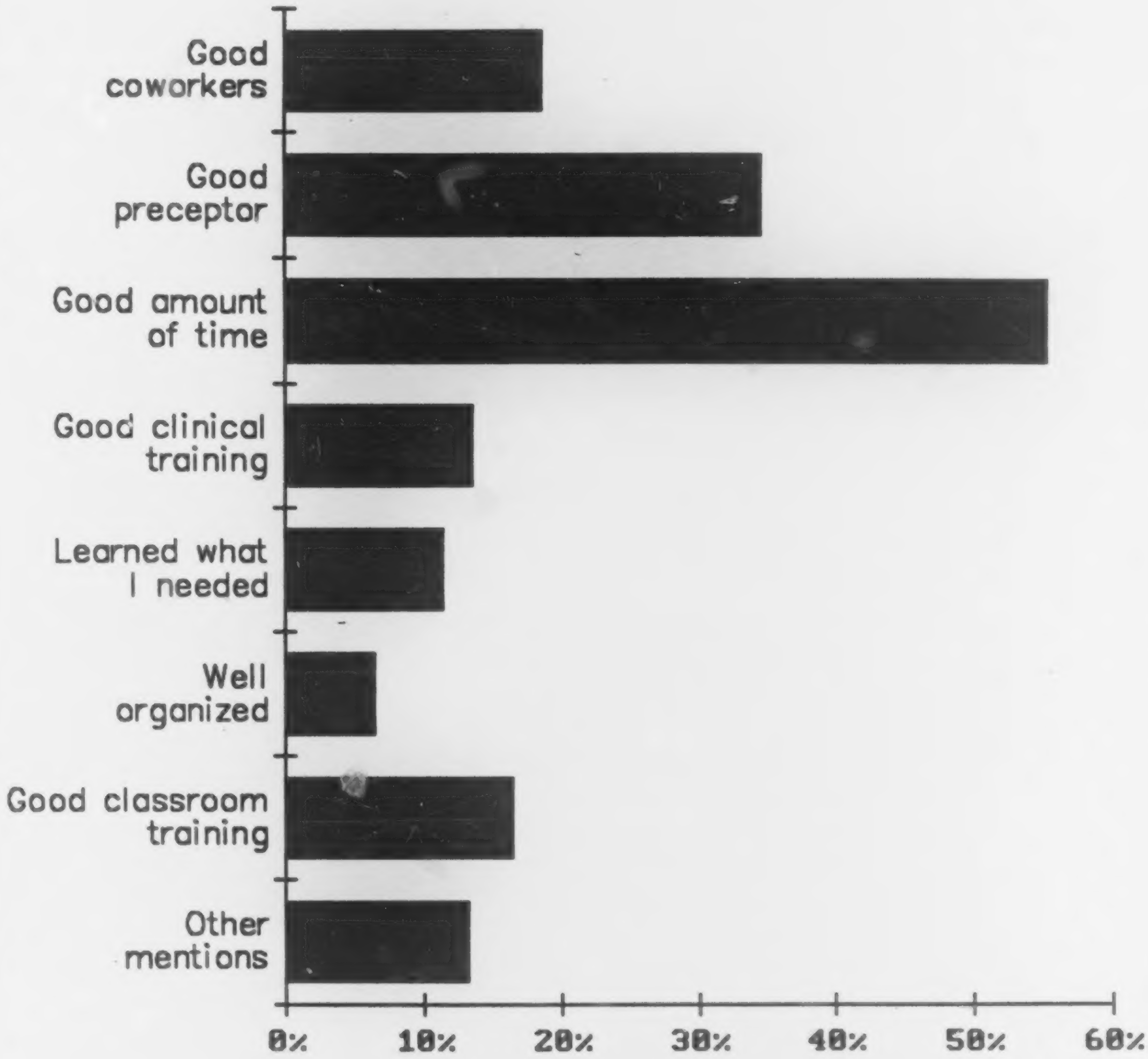
West South Central Region



Respondents most often rated their orientation "good" in the West South Central region. This region also had 5.3% with no orientation -- the largest number in the nation

*Positive Evaluation of Orientations Among Newly Licensed Nurses

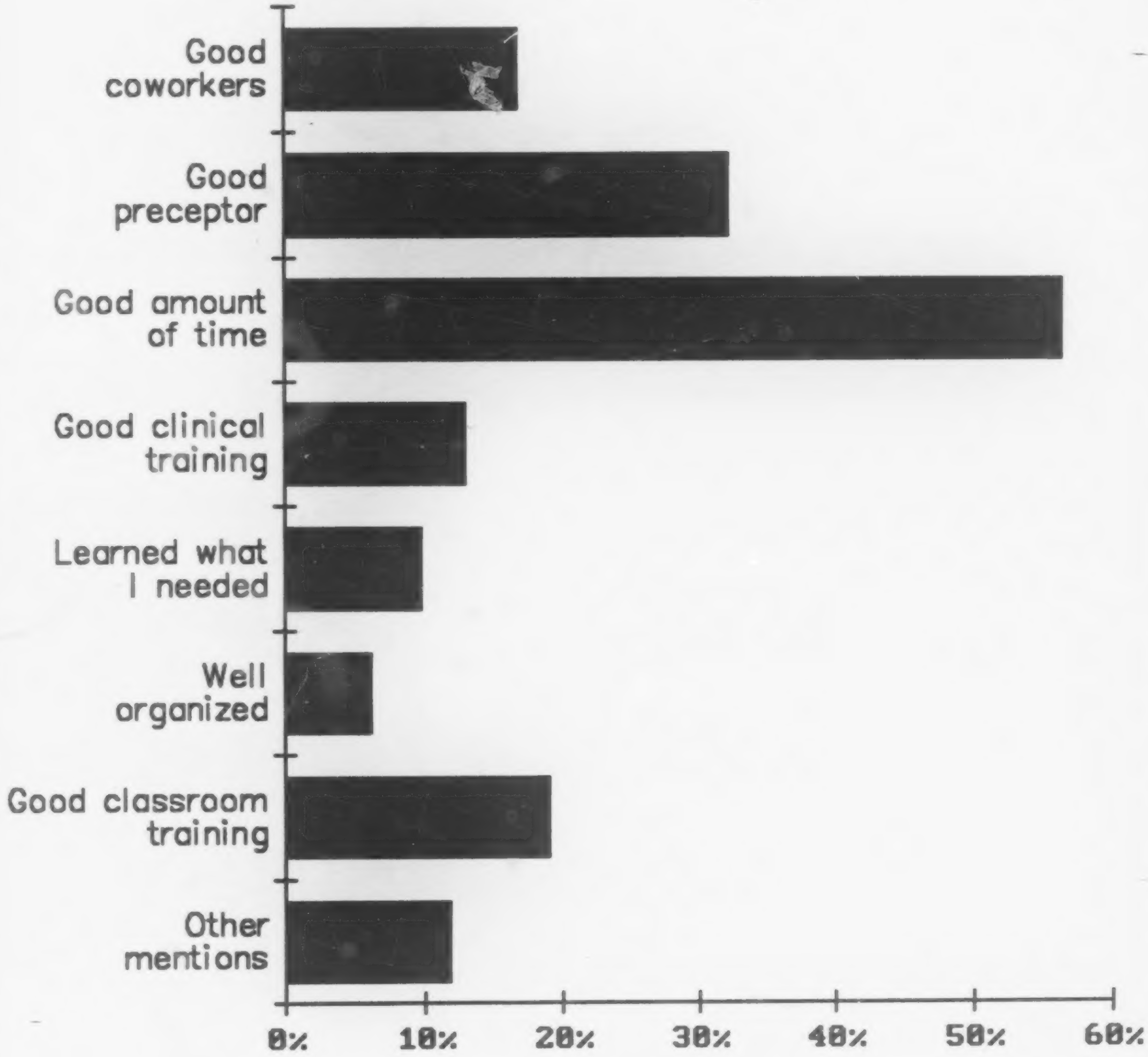
New nurses most often cited "good amount of time" as a reason for their positive evaluation.



*Multiple responses were allowed for this question. Therefore, the sum of all responses will be greater than 100 percent.
*Positive = excellent and very good.

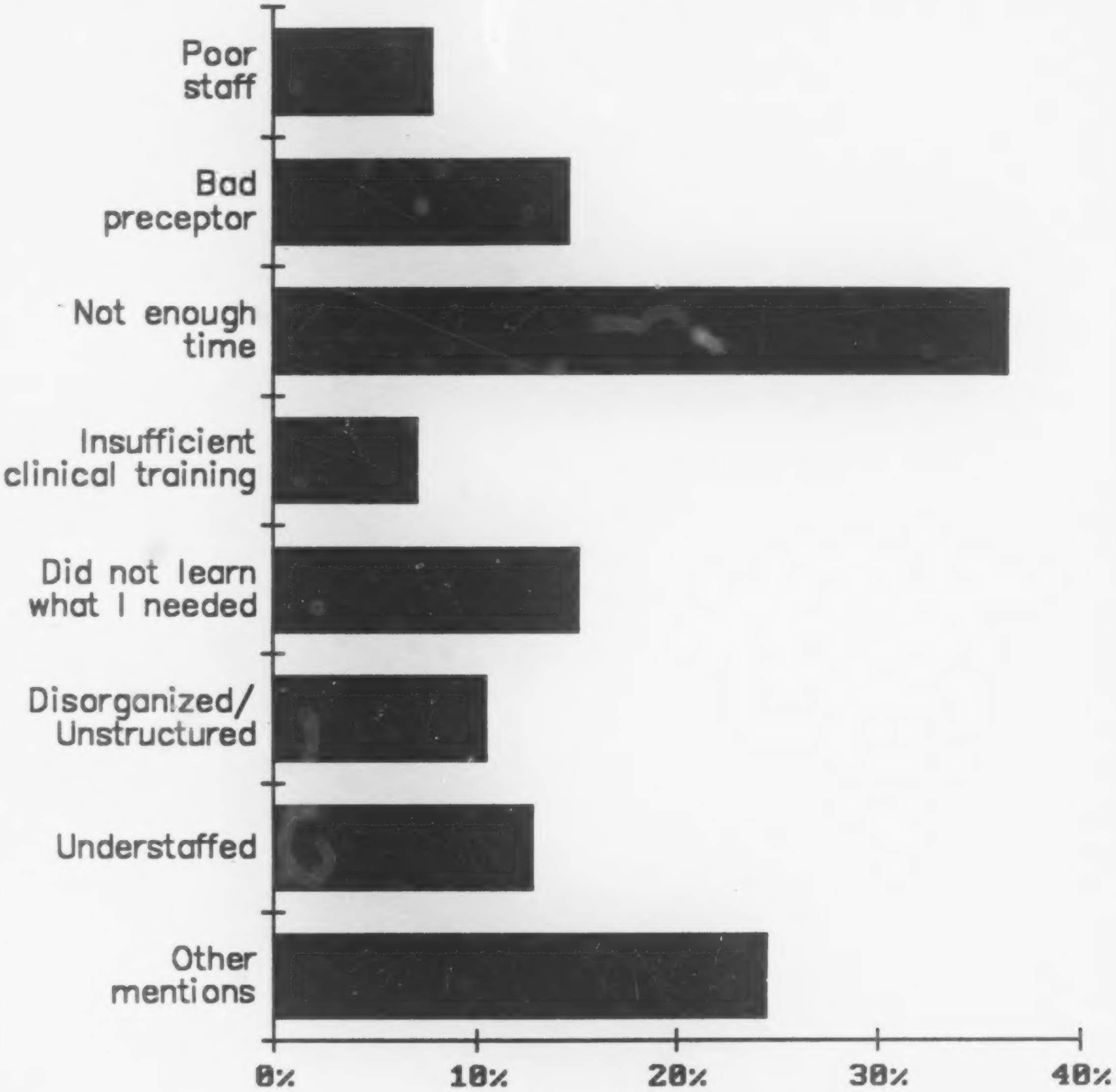
Positive Evaluation of Orientations Among Newly Licensed Nurses
West South Central Region

New nurses most often cited "good amount of time" as a reason for their positive evaluation.



*Neutral or Negative Evaluation of Orientations Among Newly Licensed Nurses

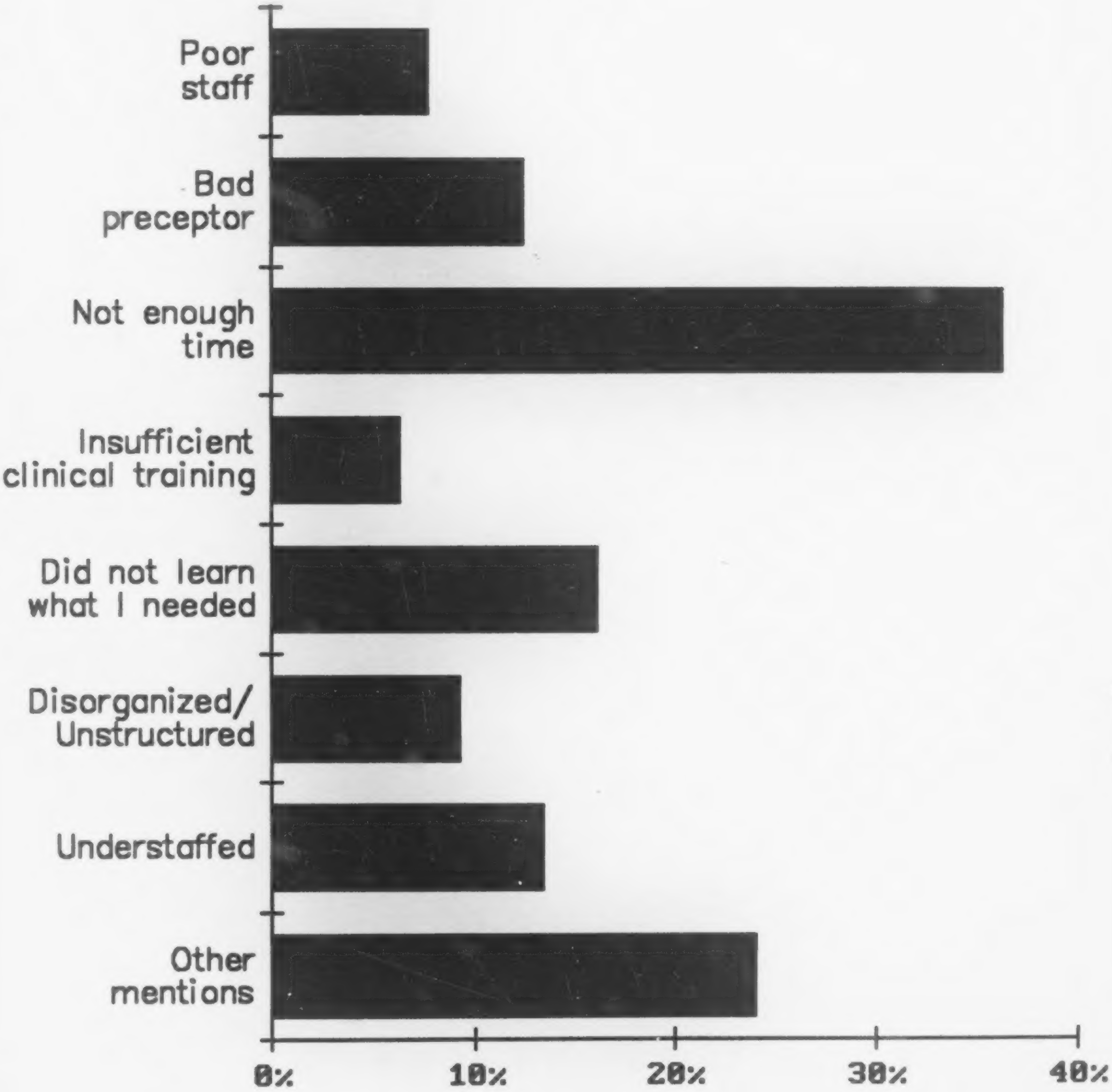
New nurses most often cited "not enough time" as a reason for their neutral or negative evaluation.



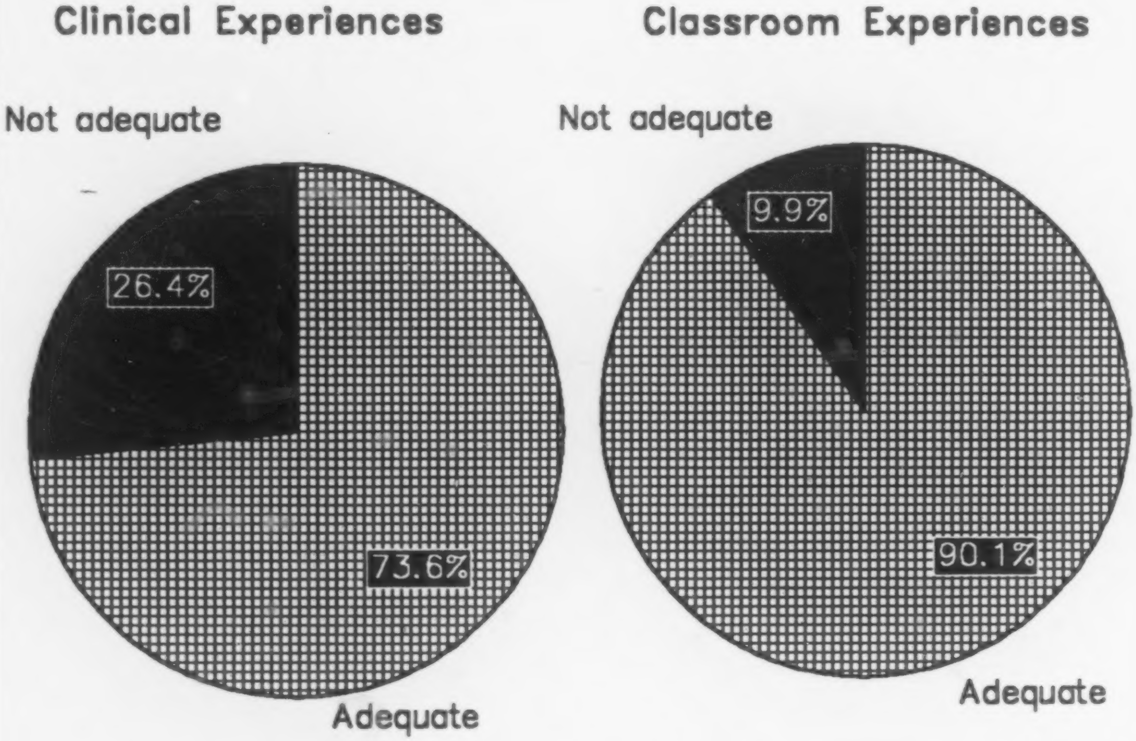
*Multiple responses were allowed for this question. Therefore, the sum of all responses will be greater than 100 percent.
*Neutral or negative = good, fair or poor.

Neutral or Negative Evaluation of Orientations Among Newly Licensed Nurses
West South Central Region

New nurses most often cited "not enough time" as a reason for their neutral or negative evaluation.

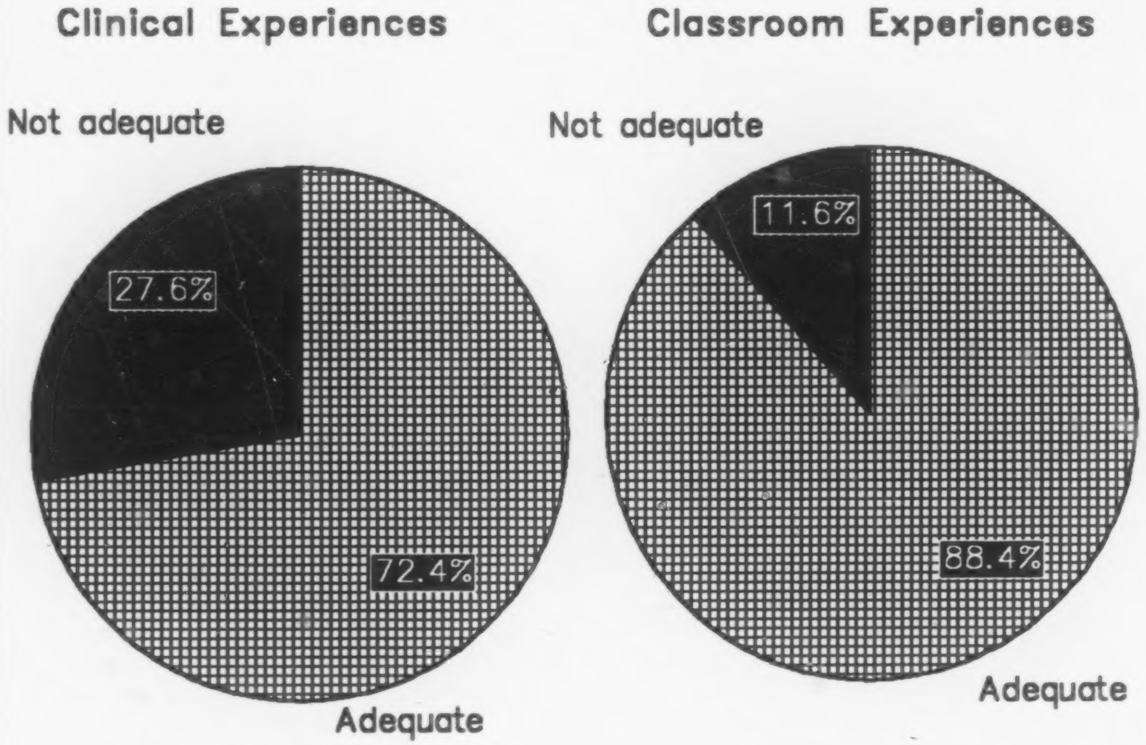


PERCEIVED ADEQUACY OF NURSING EDUCATION AMONG NEWLY LICENSED NURSES, 1990



Almost three–quarters of newly licensed nurses felt their clinical experiences were adequate for their current job. A larger 90% felt their classroom experiences were adequate.

PERCEIVED ADEQUACY OF NURSING EDUCATION AMONG NEWLY LICENSED NURSES, 1990
West South Central Region



Clinical experiences received a lower approval rating (72%) than classroom experiences (88%).

Section 3
CMSA Analysis: Numeric Tables

Analysis of Consolidated Metropolitan Statistical Areas

American society is increasingly centralized around the major urban cities—New York, Los Angeles, Chicago, and Houston. Health care services, particularly hospitals, are also concentrated within metropolitan areas. This special analysis of newly licensed nurses in what the Census Bureau terms Consolidated Metropolitan Statistical Areas (CMSAs), has been provided to assist health care executives in gaining a better understanding of the trends in America's largest cities. Great variation exists among the different regions of the country in relation to the demographic and employment characteristics of the nation's newly licensed nurses. Similarly, the unique financial and demographic circumstances within each metropolitan area result in vastly different local economies and labor forces.

A selected group of tables has been designed to highlight some of the differences among the various CMSAs. Keep in mind that the upcoming figures are based on the responses of those newly licensed nurses currently residing or working in a CMSA *only* and represent approximately one-quarter of the total cohort of new RNs. For a fuller and more meaningful understanding of the trends, these CMSA data may be compared with the national and regional figures presented in the earlier sections of this report.

Table CMSA-1

NUMBER OF NEWLY LICENSED NURSES BY CMSA AND TYPE OF NURSING EDUCATIONAL PROGRAM

			PROGRAM TYPE					
	TOTAL		DIPLOMA		ASSOCIATE DEGREE		BACCALAUREATE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,540	100.0	738	9.8	4,129	54.8	2,673	35.5
BOSTON-LAWRENCE-SALEM	385	100.0	53	13.8	186	48.3	146	37.9
BUFFALO-NIAGARA FALLS	192	100.0	13	6.8	105	54.7	74	38.5
CHICAGO-GARY-LAKE CO	663	100.0	30	4.5	351	52.9	282	42.5
CINCINNATI-HAMILTON	246	100.0	48	19.5	127	51.6	71	28.9
CLEVELAND-AKRON-LORAINE	401	100.0	72	18.0	168	41.9	161	40.1
DALLAS-FORT WORTH	218	100.0			126	57.8	92	42.2
DENVER-BOULDER	156	100.0	3	1.9	90	57.7	63	40.4
DETROIT-ANN ARBOR	583	100.0	23	3.9	344	59.0	216	37.0
HOUSTON-GALVESTON-BROZONA	244	100.0			172	70.5	72	29.5
LA-ANAHEIM-RIVERSIDE	718	100.0	39	5.4	574	79.9	105	14.6
MIAMI-FORT LAUDERDALE	109	100.0	10	9.2	57	52.3	42	38.5
MILWAUKEE-RACINE	167	100.0	13	7.8	66	39.5	88	52.7
NEW YORK-NEW JERSEY	1,275	100.0	147	11.5	658	51.6	470	36.9
PHILA-WILMINGTON-TRENTON	921	100.0	152	16.5	431	46.8	338	36.7
PITTSBURGH-BEAVER VALLEY	472	100.0	131	27.8	190	40.3	151	32.0
PORTLAND-VANCOUVER	158	100.0			80	50.6	78	49.4
SF-OAKLAND-SAN JOSE	424	100.0	3	.7	282	66.5	139	32.8
SEATTLE-TACOMA	208	100.0	1	.5	122	58.7	85	40.9

Table 1: Number of Newly Licensed Nurses by CMSA and Type of Nursing Education

A majority (54.8%) of new RNs residing in a CMSA graduated from an associate degree program. More than a third prepared at the baccalaureate level and about 10% received diplomas. As a group, new RNs living in cities are *less* likely to have studied at the ADN level when compared to the rest of the newly licensed nurse cohort.

The greatest proportion of diploma graduates are situated in the Pittsburgh area and the largest proportion of baccalaureate graduates are located in Milwaukee. Associate degree graduates are most prevalent in Los Angeles.

Table CMSA-2
NEWLY LICENSED NURSES BY CMSA AND JOB HUNTING EXPERIENCES

	TOTAL		JOB-HUNTING EXPERIENCES									
			MANY JOBS		FAIR NUMBER		VERY FEW		CAN'T SAY-TOOK JOB AT CLINICAL SITE		CAN'T SAY-VOLUNTARILY UNEMPLOYED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,491	100.0	4,959	66.2	1,500	20.0	130	1.7	830	11.1	72	1.0
METROPOLITAN AREA												
BOSTON-LAWRENCE-SALEM	392	100.0	130	33.2	144	36.7	43	11.0	71	18.1	4	1.0
BUFFALO-NIAGARA FALLS	192	100.0	126	65.6	37	19.3	3	1.6	24	12.5	2	1.0
CHICAGO-GARY-LAKE CO	659	100.0	482	73.1	109	16.5	7	1.1	56	8.5	5	.8
CINCINNATI-HAMILTON	245	100.0	161	65.7	37	15.1	8	3.3	35	14.3	4	1.6
CLEVELAND-AKRON-LORAINE	408	100.0	254	62.3	90	22.1	2	.5	61	15.0	1	.2
DALLAS-FORT WORTH	215	100.0	153	71.2	30	14.0	2	.9	27	12.6	3	1.4
DENVER-BOULDER	155	100.0	104	67.1	31	20.0	3	1.9	17	11.0		
DETROIT-ANN ARBOR	579	100.0	421	72.7	83	14.3	9	1.6	60	10.4	6	1.0
HOUSTON-GALVESTON-BROZONA	242	100.0	197	81.4	23	9.5	1	.4	19	7.9	2	.8
LA-ANAHEIM-RIVERSIDE	709	100.0	446	62.9	170	24.0	15	2.1	71	10.0	7	1.0
MIAMI-FORT LAUDERDALE	108	100.0	73	67.6	26	24.1	1	.9	7	6.5	1	.9
MILWAUKEE-RACINE	167	100.0	119	71.3	33	19.8	2	1.2	11	6.6	2	1.2
NEW YORK-NEW JERSEY	1,256	100.0	853	67.9	250	19.9	10	.8	130	10.4	13	1.0
PHILA-WILMINGTON-TRENTON	913	100.0	605	66.3	163	17.9	8	.9	132	14.5	5	.5
PITTSBURGH-BEAVER VALLEY	466	100.0	361	77.5	60	12.9	3	.6	40	8.6	2	.4
PORTLAND-VANCOUVER	155	100.0	91	58.7	42	27.1	4	2.6	14	9.0	4	2.6
SF-OAKLAND-SAN JOSE	423	100.0	267	63.1	107	25.3	5	1.2	34	8.0	10	2.4
SEATTLE-TACOMA	207	100.0	116	56.0	65	31.4	4	1.9	21	10.1	1	.5

Table 2: Newly Licensed Nurses by CMSA and Job Hunting Experiences

Demand for newly licensed nurses nationwide is great and two-thirds of new RNs residing in CMSAs claim that "many jobs" were available when the were job hunting. However, great diversity exists among the different CMSAs with over 80% of new RNs in Houston stating that "many jobs" were available and only 33% of Boston's new RNs stating the same.

Table CMSA-3
NEWLY LICENSED NURSES BY CMSA AND EMPLOYMENT SETTING

			EMPLOYMENT SETTING							
	TOTAL		HOSPITAL		NURSING HOME		COMMUNITY/HOME/ PUBLIC HEALTH AGENCY		SCHOOL NURSE/ PHYSICIAN'S OFFICE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,194	100.0	6,785	94.3	191	2.7	134	1.9	84	1.2
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	372	100.0	343	92.2	18	4.8	7	1.9	4	1.1
BUFFALO-NIAGARA FALLS	182	100.0	167	91.8	7	3.8	4	2.2	4	2.2
CHICAGO-GARY-LAKE CO	640	100.0	610	95.3	11	1.7	12	1.9	7	1.1
CINCINNATI-HAMILTON	231	100.0	213	92.2	11	4.8	4	1.7	3	1.3
CLEVELAND-AKRON-LORAINE	393	100.0	372	94.7	15	3.8	5	1.3	1	.3
DALLAS-FORT WORTH	208	100.0	188	90.4	4	1.9	6	2.9	10	4.8
DENVER-BOULDER	151	100.0	142	94.0	4	2.6	4	2.6	1	7
DETROIT-ANN ARBOR	566	100.0	541	95.6	11	1.9	12	2.1	2	4
HOUSTON-GALVESTON-BROZONA	230	100.0	216	93.9			6	2.6	8	3.5
LA-ANAHEIM-RIVERSIDE	684	100.0	653	95.5	6	.9	12	1.8	13	1.9
MIAMI-FORT LAUDERDALE	107	100.0	104	97.2	1	.9	2	1.9		
MILWAUKEE-RACINE	162	100.0	147	90.7	13	8.0	1	6	1	6
NEW YORK-NEW JERSEY	1,211	100.0	1,139	94.1	35	2.9	30	2.5	7	6
PHILA-WILMINGTON-TRENTON	879	100.0	841	95.7	20	2.3	11	1.3	7	.8
PITTSBURGH-BEAVER VALLEY	449	100.0	428	95.3	10	2.2	6	1.3	5	1.1
PORTLAND-VANCOUVER	147	100.0	134	91.2	9	6.1	1	7	3	2.0
SF-OAKLAND-SAN JOSE	392	100.0	383	97.7	4	1.0	3	8	2	5
SEATTLE-TACOMA	190	100.0	164	86.3	12	6.3	8	4.2	6	3.2

Table 3: Newly Licensed Nurses by CMSA and Employment Setting

Over 94% of new RNs residing in cities work in hospitals. This figure is sightly larger than that of the national figure of 91% suggesting that, in metropolitan areas, more opportunities are available in acute care settings. Among the CMSAs, Seattle contains the greatest percentage of new RNs employed in nursing homes and community/public health and Dallas contains the largest percentage working in schools and/or physician's offices.

Table CMSA-4
NEWLY LICENSED NURSES BY CMSA AND SIZE OF HOSPITAL OF EMPLOYMENT*

	TOTAL		HOSPITAL SIZE							
			6 TO 99 BEDS		100 TO 299 BEDS		300 TO 499 BEDS		500 BEDS OR MORE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	5,136	100.0	195	3.8	1,419	27.6	1,666	32.4	1,856	36.1
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	255	100.0	13	5.1	97	38.0	89	34.9	56	22.0
BUFFALO-NIAGARA FALLS	124	100.0	5	4.0	28	22.6	39	31.5	52	41.9
CHICAGO-GARY-LAKE CO	442	100.0	22	5.0	114	25.8	146	33.0	160	36.2
CINCINNATI-HAMILTON	159	100.0	6	3.8	52	32.7	57	35.8	44	27.7
CLEVELAND-AKRON-LORAINE	281	100.0	11	3.9	69	24.6	76	27.0	125	44.5
DALLAS-FORT WORTH	142	100.0	11	7.7	39	27.5	35	24.6	57	40.1
DENVER-BOULDER	108	100.0	1	.9	42	38.9	44	40.7	21	19.4
DETROIT-ANN ARBOR	415	100.0	11	2.7	84	20.2	123	29.6	197	47.5
HOUSTON-GALVESTON-BROZUNA	169	100.0	11	6.5	50	29.6	33	19.5	75	44.4
LA-ANAHEIM-RIVERSIDE	504	100.0	25	5.0	159	31.5	175	34.7	145	28.8
MIAMI-FORT LAUDERDALE	82	100.0	1	1.2	20	24.4	21	25.6	40	48.8
MILWAUKEE-RACINE	100	100.0	4	4.0	41	41.0	37	37.0	18	18.0
NEW YORK-NEW JERSEY	871	100.0	11	1.3	154	17.7	283	32.5	423	48.6
PHILA-WILMINGTON-TRENTON	640	100.0	24	3.7	216	33.7	200	31.3	200	31.3
PITTSBURGH-BEAVER VALLEY	348	100.0	7	2.0	85	24.4	117	33.6	139	39.9
PORTLAND-VANCOUVER	92	100.0	8	8.7	20	21.7	47	51.1	17	18.5
SF-OAKLAND-SAN JOSE	283	100.0	13	4.6	112	39.6	97	34.3	61	21.6
SEATTLE-TACOMA	121	100.0	[illegible]	9.1	37	30.6	47	38.8	26	21.5

*[illegible] OF THOSE EMPLOYED IN HOSPITALS

Table 4: Newly Licensed Nurses by CMSA and Size of Hospital

There is little variation in the size of the hospitals in which newly licensed nurses are employed. Less than 10% separates the newly licensed nurses employed in hospitals containing 100 to 299 beds and those working in institutions with 500 or more beds. A very small group of newly licensed nurses are employed in hospitals with less than 100 beds.

Table CMSA-5
NEWLY LICENSED NURSES BY CMSA AND LENGTH OF JOB HUNT

	TOTAL		LENGTH OF JOB HUNT—EMPLOYED IN NURSING							
			FOUND BEFORE GRADUATION		ONE MONTH OR LESS		2 TO 3 MONTHS		4 TO 6 MONTHS	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,334	100.0	5,654	77.1	1,123	15.3	393	5.4	164	2.2
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	378	100.0	287	75.9	48	12.7	31	8.2	12	3.2
BUFFALO-NIAGARA FALLS	186	100.0	146	78.5	29	15.6	9	4.8	2	1.1
CHICAGO-GARY-LAKE CO	647	100.0	489	75.6	113	17.5	35	5.4	10	1.5
CINCINNATI-HAMILTON	238	100.0	202	84.9	25	10.5	7	2.9	4	1.7
CLEVELAND-AKRON-LORAINE	399	100.0	336	84.2	47	11.8	15	3.8	1	.3
DALLAS-FORT WORTH	211	100.0	169	80.1	31	14.7	8	3.8	3	1.4
DENVER-BOULDER	154	100.0	124	80.5	23	14.9	7	4.5		
DETROIT-ANN ARBOR	570	100.0	462	81.1	71	12.5	25	4.4	12	2.1
HOUSTON-GALVESTON-BROZONA	236	100.0	180	76.3	47	19.9	4	1.7	5	2.1
LA-ANAHEIM-RIVERSIDE	695	100.0	461	66.3	162	23.3	47	6.8	25	3.6
MIAMI-FORT LAUDERDALE	107	100.0	70	65.4	27	25.2	7	6.5	3	2.8
MILWAUKEE-RACINE	164	100.0	130	79.3	25	15.2	7	4.3	2	1.2
NEW YORK-NEW JERSEY	.,234	100.0	882	71.5	203	16.5	103	8.3	46	3.7
PHILA-WILMINGTON-TRENTON	900	100.0	796	88.4	73	8.1	25	2.8	6	.7
PITTSBURGH-BEAVER VALLEY	461	100.0	403	87.4	42	9.1	12	2.6	4	.9
PORTLAND-VANCOUVER	151	100.0	115	76.2	22	14.6	8	5.3	6	4.0
SF-OAKLAND-SAN JOSE	400	100.0	259	64.7	101	25.2	23	5.7	17	4.2
SEATTLE-TACOMA	203	100.0	143	70.4	34	16.7	20	9.9	6	3.0

Table 5: Newly Licensed Nurses by CMSA and Length of Job Hunt

The length of time necessary to find a job is a good measure of demand and, generally speaking, over 90% of newly licensed nurses in CMSAs found jobs before or within one month of graduation indicating that demand for new RNs is very strong. The degree of demand, however, varies among the nation's cities. New RNs in the New York/New Jersey CMSA and the Seattle-Tacoma area state that it took slightly longer to find a job than their counterparts in the rest of the country. Nurses in the two CMSAs in Pennsylvania reported greater ease in locating their first job.

Table CMSA-6
NEWLY LICENSED NURSES BY CMSA AND ACTIVITY STATUS

			ACTIVITY STATUS					
	TOTAL		FULL-TIME		PART-TIME <20 HOURS		PART-TIME 20+	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,332	100.0	6,181	84.3	202	2.8	949	12.9
METROPOLITAN AREA								
BOSTON-LAWRENCE-SALEM	379	100.0	306	80.7	14	3.7	59	15.6
BUFFALO-NIAGARA FALLS	184	100.0	157	85.3	5	2.7	22	12.0
CHICAGO-GARY-LAKE CO	647	100.0	541	83.6	14	2.2	92	14.2
CINCINNATI-HAMILTON	238	100.0	189	79.4	8	3.4	41	17.2
CLEVELAND-AKRON-LORAINE	400	100.0	358	89.5	8	2.0	34	8.5
DALLAS-FORT WORTH	211	100.0	197	93.4	1	.5	13	6.2
DENVER-BOULDER	153	100.0	134	87.6	3	2.0	16	10.5
DETROIT-ANN ARBOR	572	100.0	455	79.5	28	4.9	89	15.6
HOUSTON-GALVESTON-BROZONA	237	100.0	222	93.7	5	2.1	10	4.2
LA-ANAHEIM-RIVERSIDE	694	100.0	564	81.3	32	4.6	98	14.1
MIAMI-FORT LAUDERDALE	109	100.0	94	86.2	3	2.8	12	11.0
MILWAUKEE-RACINE	164	100.0	140	85.4	3	1.8	21	12.8
NEW YORK-NEW JERSEY	1,232	100.0	1,101	89.4	31	2.5	100	8.1
PHILA-WILMINGTON-TRENTON	898	100.0	760	84.6	19	2.1	119	13.3
PITTSBURGH-BEAVER VALLEY	462	100.0	441	95.5	7	1.5	14	3.0
PORTLAND-VANCOUVER	151	100.0	125	82.8	1	.7	25	16.6
SF-OAKLAND-SAN JOSE	399	100.0	239	59.9	12	3.0	148	37.1
SEATTLE-TACOMA	202	100.0	158	78.2	8	4.0	36	17.8

Table 6: Newly Licensed Nurses by CMSA and Activity Status

A large majority (84.3%) of new RNs in CMSAs are employed full-time and an additional 13% are working part-time, 20 hours or more a week. Newly licensed nurses in San Francisco are *least* likely to work full-time and new RNs in Pittsburgh are *most* likely to work full-time.

Table CMSA-7
REASON FOR CHOOSING CURRENT POSITION AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		PRIOR EXPERIENCE		SALARY BENEFITS		REPUTATION OF INSTITUTION		LOCATION		CHOSEN SPECIALTY		SHIFT/HOURS		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	7,846	28.0	2,195	11.9	934	15.9	1,250	12.6	991	32.2	2,527	2.5	198	5.6	443
BOSTON-LAWRENCE-SALEM	100.0	403	30.5	123	13.4	54	19.6	79	11.7	47	26.8	107	1.7	7	5.2	21
BUFFALO-NIAGARA FALLS	100.0	199	34.2	68	11.6	23	13.1	26	16.1	32	28.1	56	2.5	5	4.0	8
CHICAGO-GARY-LAKE CO	100.0	708	28.7	203	12.4	88	16.5	117	14.3	101	26.6	188	2.4	17	5.8	41
CINCINNATI-HAMILTON	100.0	247	34.4	85	10.1	25	10.5	26	10.5	26	35.6	88	2.0	5	5.7	14
CLEVELAND-AKRON-LORAINE	100.0	431	31.1	134	11.1	48	14.6	63	10.7	46	33.9	146	3.2	14	8.1	35
DALLAS-FORT WORTH	100.0	232	19.8	46	9.1	21	13.4	31	9.9	23	46.6	108	3.0	7	4.3	10
DENVER-BOULDER	100.0	160	20.0	32	12.5	20	18.8	30	6.9	11	38.1	61	3.1	5	8.7	15
DETROIT-ANN ARBOR	100.0	603	34.5	208	10.3	62	11.6	70	11.4	69	32.3	195	3.2	19	4.0	24
HOUSTON-GALVESTON-BROZONA	100.0	248	21.4	53	11.3	28	12.1	30	14.5	36	37.1	92	2.4	6	5.2	13
LA-ANAHEIM-RIVERSIDE	100.0	748	24.5	183	13.0	97	16.4	123	12.4	93	36.5	273	2.4	18	6.1	46
MIAMI-FORT LAUDERDALE	100.0	119	30.3	36	12.6	15	11.8	14	12.6	15	31.9	38	5.0	6	7.6	9
MILWAUKEE-RACINE	100.0	172	24.4	42	13.4	23	12.2	21	7.0	12	37.8	65	4.7	8	5.2	9
NEW YORK-NEW JERSEY	100.0	1,324	28.5	378	11.2	148	18.1	239	14.7	194	28.9	382	2.6	34	5.4	72
PHILA-WILMINGTON-TRENTON	100.0	967	27.9	270	11.0	106	16.4	159	12.6	122	32.1	310	2.5	24	5.9	57
PITTSBURGH-BEAVER VALLEY	100.0	484	28.1	136	15.1	73	11.6	56	15.5	75	29.5	143	1.0	5	4.5	22
PORTLAND-VANCOUVER	100.0	162	21.6	35	17.9	29	19.1	31	11.1	18	33.3	54	3.1	5	9.3	15
SF-OAKLAND-SAN JOSE	100.0	428	22.9	98	12.1	52	25.0	107	12.4	53	34.3	147	1.4	6	4.9	21
SEATTLE-TACOMA	100.0	211	30.8	65	10.4	22	13.3	28	8.5	18	35.1	74	3.3	7	5.7	12

Table 7: Reason for Choosing Current Position among Newly Licensed Nurses by CMSA

The primary factor influencing newly licensed nurses in choosing their current position is "opportunity to work in chosen specialty." "Prior experience in the institution" ranked second among the considerations for choosing their current job and "reputation of the institution" ranked third. These three factors head the list in all CMSAs except Buffalo, Cincinnati, Detroit, and Houston where "location" ranked among the top three. In Miami "salary/benefits" outranked "opportunity to work in chosen specialty."

Table CMSA-8

PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES BY CMSA

	EVALUATION OF EMPLOYMENT ORIENTATION											
	TOTAL		EXCELLENT		VERY GOOD		GOOD		FAIR		POOR	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,276	100.0	1,608	22.1	2,179	29.9	1937	26.6	1,008	13.9	399	5.5
BOSTON-LAWRENCE-SALEM	375	100.0	93	24.8	103	27.5	100	26.7	56	14.9	15	4.0
BUFFALO-NIAGARA FALLS	185	100.0	27	14.6	64	34.6	54	29.2	25	13.5	13	7.0
CHICAGO-GARY-LAKE CO	639	100.0	139	21.8	182	28.5	181	28.3	91	14.2	42	6.6
CINCINNATI-HAMILTON	237	100.0	48	20.3	80	33.8	62	26.2	28	11.8	9	3.8
CLEVELAND-AKRON-LORAINE	396	100.0	76	19.2	106	26.8	117	29.5	69	17.4	26	6.6
DALLAS-FORT WORTH	208	100.0	53	25.5	51	24.5	48	23.1	24	11.5	19	9.1
DENVER-BOULDER	153	100.0	51	33.3	43	28.1	36	23.5	13	8.5	8	5.2
DETROIT-ANN ARBOR	568	100.0	125	22.0	167	29.4	158	27.8	89	15.7	18	3.2
HOUSTON-GALVESTON-BROZONA	235	100.0	42	17.9	68	28.9	59	25.1	39	16.6	14	6.0
LA-ANAHEIM-RIVERSIDE	687	100.0	143	20.8	196	28.5	180	26.2	109	15.9	41	6.0
MIAMI-FORT LAUDERDALE	109	100.0	25	22.9	29	26.6	33	30.3	17	15.6	3	2.8
MILWAUKEE-RACINE	164	100.0	39	23.8	63	38.4	34	20.7	22	13.4	3	1.8
NEW YORK-NEW JERSEY	1,228	100.0	239	19.5	349	28.4	377	30.7	174	14.2	61	5.0
PHILA-WILMINGTON-TRENTON	891	100.0	191	21.4	298	33.4	224	25.1	107	12.0	63	7.1
PITTSBURGH-BEAVER VALLEY	461	100.0	112	24.3	131	28.4	120	26.0	65	14.1	30	6.5
PORTLAND-VANCOUVER	148	100.0	42	28.4	48	32.4	42	28.4	13	8.8	2	1.4
SF-OAKLAND-SAN JOSE	392	100.0	113	28.8	130	33.2	79	20.2	39	9.9	18	4.6
SEATTLE-TACOMA	200	100.0	50	25.0	71	35.5	33	16.5	28	14.0	14	7.0

Table 8: Perceived Quality of Orientation among Newly Licensed Nurses by CMSA

Over half of the new RNs in CMSAs stated that their orientation was very good or excellent. An additional 26.6% felt their orientation was good. Two percent state they had no orientation at all. Newly licensed nurses in San Francisco and Milwaukee were *more* likely to state that their orientation was very good/excellent whereas those in New York and Cleveland were *less* likely to respond so.

Table CMSA-9
NUMBER OF NURSING JOBS SINCE GRADUATION BY CMSA

	TOTAL		NUMBER OF JOBS SINCE RN LICENSURE							
			FIRST		SECOND		THIRD		FOURTH OR MORE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,342	100.0	5,981	81.5	1,158	15.8	148	2.0	55	.7
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	380	100.0	319	83.9	53	13.9	7	1.8	1	.3
BUFFALO-NIAGARA FALLS	185	100.0	157	84.9	22	11.9	4	2.2	2	1.1
CHICAGO-GARY-LAKE CO	646	100.0	522	80.8	105	16.3	15	2.3	4	.6
CINCINNATI-HAMILTON	238	100.0	188	79.0	42	17.6	8	3.4		
CLEVELAND-AKRON-LORAINE	400	100.0	323	80.7	67	16.7	5	1.2	5	1.2
DALLAS-FORT WORTH	210	100.0	160	76.2	42	20.0	5	2.4	3	1.4
DENVER-BOULDER	154	100.0	120	77.9	28	18.2	5	3.2	1	6
DETROIT-ANN ARBOR	571	100.0	456	79.9	91	15.9	17	3.0	7	1.2
HOUSTON-GALVESTON-BROZONA	236	100.0	172	72.9	53	22.5	7	3.0	4	1.7
LA-ANAHEIM-RIVERSIDE	695	100.0	556	80.0	115	16.5	17	2.4	7	1.0
MIAMI-FORT LAUDERDALE	108	100.0	91	84.3	15	13.9	2	1.9		
MILWAUKEE-RACINE	164	100.0	129	7[illegible]	29	17.7	4	2.4	2	1.2
NEW YORK-NEW JERSEY	1,236	100.0	1,038	84.0	176	14.2	17	1.4	5	4
PHILA-WILMINGTON-TRENTON	900	100.0	750	83.3	140	15.6	8	.9	2	2
PITTSBURGH-BEAVER VALLEY	463	100.0	382	82.5	64	13.8	14	3.0	3	6
PORTLAND-VANCOUVER	151	100.0	126	83.4	17	11.3	5	3.3	3	2.0
SF-OAKLAND-SAN JOSE	402	100.0	330	82.1	66	16.4	3	7	3	7
SEATTLE-TACOMA	203	100.0	162	79.8	33	16.3	5	2.5	3	1.5

Table 9: Number of Nursing Jobs Since Graduation by CMSA

After almost one year in the work force, over 80% of newly licensed nurses were still working at their first nursing job. This suggests satisfaction with current employment conditions. Newly licensed nurses in Buffalo and New York City appear to be most stable in their first positions and new RNs in Houston are more likely to be working in their second job since graduation.

Table CMSA-10
EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		SATISFIED		UNSATISFIED	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	6,938	78.0	5,409	22.0	1,529
BOSTON-LAWRENCE-SALEM	100.0	358	81.3	291	18.7	67
BUFFALO-NIAGARA FALLS	100.0	174	70.7	123	29.3	51
CHICAGO-GARY-LAKE CO	100.0	621	74.7	464	25.3	157
CINCINNATI-HAMILTON	100.0	227	77.5	176	22.5	51
CLEVELAND-AKRON-LORAINE	100.0	384	80.2	308	19.8	76
DALLAS-FORT WORTH	100.0	197	85.3	168	14.7	29
DENVER-BOULDER	100.0	142	84.5	120	15.5	22
DETROIT-ANN ARBOR	100.0	550	76.2	419	23.8	131
HOUSTON-GALVESTON-BROZONA	100.0	227	77.5	176	22.5	51
LA-ANAHEIM-RIVERSIDE	100.0	649	74.6	484	25.4	165
MIAMI-FORT LAUDERDALE	100.0	98	75.5	74	24.5	24
MILWAUKEE-RACINE	100.0	152	82.2	125	17.8	27
NEW YORK-NEW JERSEY	100.0	1,164	76.5	891	23.5	273
PHILA-WILMINGTON-TRENTON	100.0	839	78.9	662	21.1	177
PITTSBURGH-BEAVER VALLEY	100.0	439	72.2	317	27.8	122
PORTLAND-VANCOUVER	100.0	146	89.0	130	11.0	16
SF-OAKLAND-SAN JOSE	100.0	381	84.3	321	15.7	60
SEATTLE-TACOMA	100.0	190	84.2	160	15.8	30

Table 10: Employment Satisfaction among Newly Licensed Nurses by CMSA

Of all new RNs working in CMSAs, 78% are satisfied in their current position. RNs are most satisfied in Portland and least satisfied in Buffalo.

Table CMSA-11

MAIN REASON FOR EMPLOYMENT SATISFACTION OF NEWLY LICENSED NURSES BY CMSA

			REASONS FOR SATISFACTION											
	TOTAL		SALARY/BENEFITS		OPPORTUNITY FOR ADVANCEMENT		OPPORTUNITY FOR CONTINUING EDUCATION		WORKING IN DESIRED SPECIALTY		HOURS/SCHEDULE		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	5,409	24.6	1,328	11.4	617	13.8	749	48.0	2,595	22.1	1,194	5.7	310
BOSTON-LAWRENCE-SALEM	100.0	291	29.6	86	15.8	46	12.7	37	38.8	113	17.2	50	7.9	23
BUFFALO-NIAGARA FALLS	100.0	123	22.8	28	10.6	13	12.2	15	49.6	61	19.5	24	4.1	5
CHICAGO-GARY-LAKE CO	100.0	464	20.0	93	10.6	49	13.1	61	43.5	202	23.5	109	7.1	33
CINCINNATI-HAMILTON	100.0	176	15.3	27	8.5	15	11.4	20	63.6	112	21.6	38	4.0	7
CLEVELAND-AKRON-LORAINE	100.0	308	27.6	85	8.8	27	11.4	35	48.4	149	20.8	64	3.9	12
DALLAS-FORT WORTH	100.0	168	17.3	29	8.9	15	15.5	26	58.9	99	24.4	41	3.6	6
DENVER-BOULDER	100.0	120	16.7	20	10.0	12	12.5	15	52.5	63	22.5	27	5.8	7
DETROIT-ANN ARBOR	100.0	419	20.3	85	8.6	36	10.0	42	51.8	217	23.2	97	5.0	21
HOUSTON-GALVESTON-BROZONA	100.0	176	21.6	38	13.1	23	13.1	23	51.1	90	25.0	44	3.4	6
LA-ANAHEIM-RIVERSIDE	100.0	484	25.2	122	14.3	69	14.3	69	49.6	240	23.3	113	7.2	35
MIAMI-FORT LAUDERDALE	100.0	74	25.7	19	17.6	13	21.6	16	41.9	31	21.6	16	4.1	3
MILWAUKEE-RACINE	100.0	125	20.8	26	8.0	10	12.0	15	51.2	64	20.8	26	8.8	11
NEW YORK-NEW JERSEY	100.0	891	28.8	257	12.0	107	15.7	140	44.7	398	25.1	224	4.8	43
PHILA-WILMINGTON-TRENTON	100.0	662	24.3	161	9.5	63	15.9	105	46.5	308	22.8	151	4.7	31
PITTSBURGH-BEAVER VALLEY	100.0	317	27.1	86	13.6	43	13.6	43	45.4	144	16.1	51	3.5	11
PORTLAND-VANCOUVER	100.0	130	26.2	34	11.5	15	13.1	17	46.2	60	18.5	24	12.3	16
SF-OAKLAND-SAN JOSE	100.0	321	29.3	94	15.0	48	15.9	51	51.4	165	19.3	62	7.8	25
SEATTLE-TACOMA	100.0	160	23.7	38	8.1	13	11.9	19	49.4	79	20.6	33	9.4	15

Table 11: Main Reason for Employment Satisfaction of Newly Licensed Nurses by CMSA

New RNs in CMSAs cite "opportunity to work in desired specialty" as the primary source of satisfaction with their current position. "Salary/benefits" and "flexible hours/schedule" rank second and third among newly licensed nurses employed in metropolitan areas. Interestingly, "opportunity for continuing education" ranks third in Miami.

Table CMSA-12

MAIN REASON FOR EMPLOYMENT DISSATISFACTION OF NEWLY LICENSED NURSES BY CMSA

			REASONS FOR DISSATISFACTION									
	TOTAL		INADEQUATE SALARY		POOR WORKING CONDITIONS		UNSATISFYING STAFF RELATIONS		SKILLS UNDERUTILIZED		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	1,529	29.2	447	48.3	739	28.0	428	10.4	159	14.9	228
BOSTON-LAWRENCE-SALEM	100.0	67	22.4	15	52.2	35	23.9	16	19.4	13	16.4	11
BUFFALO-NIAGARA FALLS	100.0	51	31.4	16	52.9	27	31.4	16	9.8	5	13.7	7
CHICAGO-GARY-LAKE CO	100.0	157	39.5	62	47.1	74	24.8	39	5.1	8	14.6	23
CINCINNATI-HAMILTON	100.0	51	37.3	19	31.4	16	25.5	13	13.7	7	7.8	4
CLEVELAND-AKRON-LORAINE	100.0	76	23.7	18	50.0	38	27.6	21	9.2	7	15.8	12
DALLAS-FORT WORTH	100.0	29	37.9	11	55.2	16	20.7	6	13.8	4	6.9	2
DENVER-BOULDER	100.0	22	22.7	5	54.5	12	18.2	4	13.6	3	13.6	3
DETROIT-ANN ARBOR	100.0	137	35.9	47	40.5	53	34.4	45	7.6	10	16.8	22
HOUSTON-GALVESTON-BROZONA	100.0	51	43.1	22	37.3	19	17.6	9	7.8	4	19.6	10
LA-ANAHEIM-RIVERSIDE	100.0	165	34.5	57	49.1	81	27.3	45	10.9	18	17.6	29
MIAMI-FORT LAUDERDALE	100.0	24	25.0	6	58.3	14	16.7	4	4.2	1	16.7	4
MILWAUKEE-RACINE	100.0	27	44.4	12	29.6	8	25.9	7	3.7	1	18.5	5
NEW YORK-NEW JERSEY	100.0	273	23.4	64	50.9	139	34.8	95	15.0	41	11.0	30
PHILA-WILMINGTON-TRENTON	100.0	177	16.9	30	47.5	84	27.7	49	9.0	16	19.2	34
PITTSBURGH-BEAVER VALLEY	100.0	122	28.7	35	52.5	64	31.1	38	5.7	7	13.1	16
PORTLAND-VANCOUVER	100.0	16	18.8	3	68.8	11	6.3	1	37.5	6	12.5	2
SF-OAKLAND-SAN JOSE	100.0	60	28.3	17	58.3	35	20.0	12	10.0	6	16.7	10
SEATTLE-TACOMA	100.0	30	26.7	8	43.3	13	26.7	8	6.7	2	13.3	4

Table 12: Main Reason For Employment Dissatisfaction of Newly Licensed Nurses by CMSA

Newly licensed nurses stating dissatisfaction with their current position cite "poor working conditions" (forced rotation, poor scheduling, etc.) as the primary source of their discontent. "Inadequate salary" and "unsatisfying staff relations" ranked second and third. All CMSAs followed the same general pattern except Cincinnati and Houston where "inadequate salary" ranked first and Portland where "skills underutilized" placed third.

Table CMSA-13

RACIAL—ETHNIC BACKGROUND OF NEWLY LICENSED NURSES BY CMSA

	TOTAL		WHITE		BLACK		HISPANIC		ASIAN		AMERICAN INDIAN	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	6,311	87.0	457	6.3	255	3.5	211	2.9	22	.3
BOSTON-LAWRENCE-SALEM	370	100.0	354	95.7	10	2.7	2	.5	4	1.1	0	0.0
BUFFALO-NIAGARA FALLS	188	100.0	177	94.1	7	3.7	3	1.6	1	.5	0	0.0
CHICAGO-GARY-LAKE CO	641	100.0	543	84.7	54	8.4	16	2.5	27	4.2	1	.2
CINCINNATI-HAMILTON	239	100.0	229	95.8	5	2.1	1	.4	3	1.3	1	.4
CLEVELAND-AKRON-LORAINE	393	100.0	372	94.7	16	4.1	3	.8	2	.5	0	0.0
DALLAS-FORT WORTH	204	100.0	180	88.2	17	8.3	5	2.5	2	.8	0	0.0
DENVER-BOULDER	149	100.0	139	93.3	4	2.7	5	3.4	1	.7	0	0.0
DETROIT-ANN ARBOR	564	100.0	522	92.6	31	5.5	4	.7	6	1.1	1	.2
HOUSTON-GALVESTON-BROZONA	233	100.0	194	83.3	26	11.2	7	3.0	5	2.1	1	.4
LA-ANAHEIM-RIVERSIDE	685	100.0	490	71.5	38	5.5	90	13.1	62	9.1	5	.7
MIAMI-FORT LAUDERDALE	107	100.0	73	68.2	17	15.9	16	15.0	0	0.0	1	.9
MILWAUKEE-RACINE	162	100.0	147	90.7	11	6.8	1	6	2	1.2	1	.6
NEW YORK-NEW JERSEY	1,207	100.0	961	79.6	151	12.5	64	5.3	29	2.4	2	.2
PHILA-WILMINGTON-TRENTON	882	100.0	822	93.2	41	4.6	11	1.2	8	.9	0	0.0
PITTSBURGH-BEAVER VALLEY	464	100.0	454	97.8	7	1.5	1	.2	2	.4	0	0.0
PORTLAND-VANCOUVER	153	100.0	141	92.2	1	.7	1	.7	7	4.6	3	2.0
SF-OAKLAND-SAN JOSE	412	100.0	324	78.6	17	4.1	23	5.6	44	10.7	4	1.0
SEATTLE-TACOMA	203	100.0	189	93.1	4	2.0	2	1.0	6	3.0	2	1.0

Table 13: Racial-Ethnic Background of Newly Licensed Nurses by CMSA

Great diversity exists in the racial-ethnic composition of newly licensed nurses in metropolitan areas. Portland, Cincinnati, and Boston are the least diverse and Miami is the most diverse.

Table CMSA-14
MARITAL STATUS OF NEWLY LICENSED NURSES BY CMSA

	TOTAL		NEVER MARRIED		MARRIED		SEPARATED/DIVORCED		WIDOWED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	3,145	43.3	3,218	44.3	840	11.6	53	.7
BOSTON-LAWRENCE-SALEM	370	100.0	205	55.4	128	34.6	34	9.2	3	.8
BUFFALO-NIAGARA FALLS	188	100.0	83	44.1	74	39.4	28	14.9	3	1.6
CHICAGO-GARY-LAKE CO	641	100.0	299	46.6	274	42.7	65	10.1	3	.5
CINCINNATI-HAMILTON	239	100.0	82	34.3	133	55.6	23	9.6	1	.4
CLEVELAND-AKRON-LORAINE	393	100.0	174	44.3	180	45.8	38	9.7	1	.3
DALLAS-FORT WORTH	204	100.0	50	24.5	122	59.8	26	12.7	6	2.9
DENVER-BOULDER	149	100.0	36	24.2	81	54.4	32	21.5	0	0.0
DETROIT-ANN ARBOR	564	100.0	212	37.6	282	50.0	69	12.2	1	.2
HOUSTON-GALVESTON-BROZONA	233	100.0	39	16.7	153	65.7	40	17.2	1	.4
LA-ANAHEIM-RIVERSIDE	685	100.0	236	34.5	348	50.8	96	14.0	5	.7
MIAMI-FORT LAUDERDALE	107	100.0	46	43.0	42	39.3	19	17.8	0	0.0
MILWAUKEE-RACINE	162	100.0	77	47.5	68	42.0	16	9.9	1	.6
NEW YORK-NEW JERSEY	1,207	100.0	644	53.4	439	36.4	115	9.5	9	.7
PHILA-WILMINGTON-TRENTON	882	100.0	446	50.6	345	39.1	84	9.5	7	.8
PITTSBURGH-BEAVER VALLEY	464	100.0	243	52.4	163	35.1	54	11.6	4	.9
PORTLAND-VANCOUVER	153	100.0	49	32.0	77	50.3	26	17.0	1	.7
SF-OAKLAND-SAN JOSE	412	100.0	162	39.3	196	47.6	51	12.4	3	.7
SEATTLE-TACOMA	203	100.0	62	30.5	113	55.7	24	11.8	4	2.0

Table 14: Marital Status of Newly Licensed Nurses by CMSA

CMSAs can be divided into three major categories: (1) those where the "never married" prevail (Boston, New York, Philadelphia, Pittsburgh), (2) those where the "married" dominate (Cincinnati, Dallas, Boulder, Detroit, Houston, Los Angeles, Portland, San Francisco, and Seattle), and (3) those where almost equal proportions of married and singles reside (Buffalo, Chicago, Cleveland, Miami, Milwaukee).

Table CMSA-15

PRESENCE OF CHILDREN
AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		HAS CHILDREN		HAS NO CHILDREN	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	2,806	38.7	4,450	61.3
BOSTON-LAWRENCE-SALEM	370	100.0	107	28.9	263	71.1
BUFFALO-NIAGARA FALLS	188	100.0	69	36.7	119	63.3
CHICAGO-GARY-LAKE CO	641	100.0	241	37.6	400	62.4
CINCINNATI-HAMILTON	239	100.0	109	45.6	130	54.4
CLEVELAND-AKRON-LORAINE	393	100.0	140	35.6	253	64.4
DALLAS-FORT WORTH	204	100.0	91	44.6	113	55.4
DENVER-BOULDER	149	100.0	76	51.0	73	49.0
DETROIT-ANN ARBOR	564	100.0	233	41.3	331	58.7
HOUSTON-GALVESTON-BROZONA	233	100.0	138	59.2	95	40.8
LA-ANAHEIM-RIVERSIDE	685	100.0	312	45.5	373	54.5
MIAMI-FORT LAUDERDALE	107	100.0	35	32.7	72	67.3
MILWAUKEE-RACINE	162	100.0	57	35.2	105	64.8
NEW YORK-NEW JERSEY	1,207	100.0	411	34.1	796	65.9
PHILA-WILMINGTON-TRENTON	882	100.0	311	35.3	571	64.7
PITTSBURGH-BEAVER VALLEY	464	100.0	159	34.3	305	65.7
PORTLAND-VANCOUVER	153	100.0	61	39.9	92	60.1
SF-OAKLAND-SAN JOSE	412	100.0	165	40.0	247	60.0
SEATTLE-TACOMA	203	100.0	91	44.8	112	55.2

Table 15: Presence of Dependent Children Among Newly Licensed Nurses by CMSA

In most CMSAs, a larger proportion of new RNs have no dependent children living at home. In Cincinnati, Denver, Los Angeles and Seattle, the proportion of new RNs with and without dependent children at home is about equal.

Table CMSA-16
AGE OF NEWLY LICENSED NURSES BY METROPOLITAN AREA OF RESIDENCE

	NUMBER	MEAN AGE	STD DEV
GRAND TOTAL	14,335	31.4	8.09
METROPOLITAN AREA			
BOSTON-LAWRENCE-SALEM	387	29.6	7.53
BUFFALO-NIAGARA FALLS	188	29.9	7.57
CHICAGO-GARY-LAKE CO	655	30.0	7.92
CINCINNATI-HAMILTON	244	31.3	8.30
CLEVELAND-AKRON-LORAINE	405	30.8	7.99
DALLAS-FORT WORTH	208	32.5	8.44
DENVER-BOULDER	153	32.2	7.58
DETROIT-ANN ARBOR	574	31.1	7.92
HOUSTON-GALVESTON-BROZONA	239	34.2	7.73
LA-ANAHEIM-RIVERSIDE	702	31.8	7.74
MIAMI-FORT LAUDERDALE	107	29.7	7.57
MILWAUKEE-RACINE	165	29.6	6.93
NEW YORK-NEW JERSEY	1,237	29.9	8.06
PHILA-WILMINGTON-TRENTON	902	29.1	7.39
PITTSBURGH-BEAVER VALLEY	466	30.0	8.10
PORTLAND-VANCOUVER	153	32.5	8.00
SF-OAKLAND-SAN JOSE	416	32.3	7.63
SEATTLE-TACOMA	207	31.5	7.00
NON-METROPOLITAN AREAS	6,927	32.2	8.23

Table 16: Age of Newly Licensed Nurses by CMSA

The average age of newly licensed nurses in metropolitan areas is 31. The mean age is lowest in Philadelphia, Boston, Miami, and Milwaukee. On average, new RNs are oldest in Houston with a mean age of over 34.

Table CMSA-17
MEAN FULL-TIME SALARIES OF NEWLY LICENSED NURSES BY CMSA

	SALARY	
	MEAN SALARY	STD DEV
GRAND TOTAL	$23,504.3	$ 9,213
METROPOLITAN AREA		
BOSTON-LAWRENCE-SALEM	26,830.8	9,995
BUFFALO-NIAGARA FALLS	21,504.1	8,192
CHICAGO-GARY-LAKE CO	23,211.1	8,194
CINCINNATI-HAMILTON	21,052.0	8,626
CLEVELAND-AKRON-LORAINE	24,082.8	8,641
DALLAS-FORT WORTH	23,872.6	9,519
DENVER-BOULDER	23,059.0	7,541
DETROIT-ANN ARBOR	23,848.4	9,131
HOUSTON-GALVESTON-BROZONA	24,249.6	8,950
LA-ANAHEIM-RIVERSIDE	27,499.1	11,054
MIAMI-FORT LAUDERDALE	25,612.8	8,536
MILWAUKEE-RACINE	21,585.4	7,555
NEW YORK-NEW JERSEY	29,168.3	10,363
PHILA-WILMINGTON-TRENTON	26,911.0	9,218
PITTSBURGH-BEAVER VALLEY	23,571.5	7,651
PORTLAND-VANCOUVER	22,875.1	9,147
SF-OAKLAND-SAN JOSE	27,137.5	12,012
SEATTLE-TACOMA	21,702.6	8,705
NON-METROPOLITAN AREAS	21,391.5	8,011

Table 17: Mean Full-Time Salaries of Newly Licensed Nurses by CMSA

The highest average full-time salaries among newly licensed nurses residing in cities are found in the New York City metropolitan area and the San Francisco Bay area. The lowest average salaries are found in Buffalo and Seattle. Salaries of new RNs living in non-metropolitan areas are considerably lower than those of their urban counterparts.

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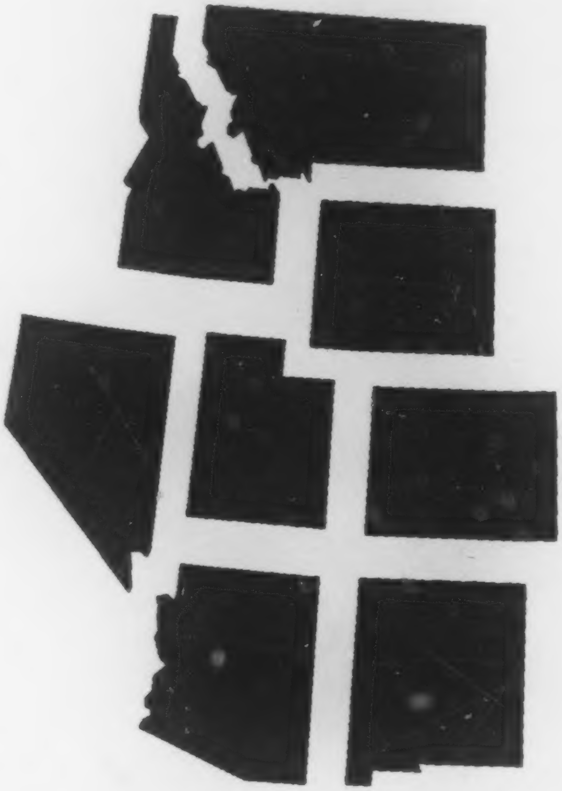

Mountain Region

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PREFACE

Licensed to Care: An Executive Report of the New Nurse is the culmination of an extraordinary effort to capture and present the exemplary experiences of the nation's newly licensed nurses. In response to the urgent need for accurate data on the nursing supply, the National League for Nursing has taken the lead in analyzing the current condition of America's contemporary cohort of new nurses by conducting the survey of newly licensed nurses. The study was designed to collect information that can be effectively utilized by nurse executives in recruiting and retaining registered nurses. It offers in-depth data necessary to ascertain their demographic characteristics, to assess their employment experiences and evaluate their educational backgrounds.

The strength of the study and the resulting data is based on its sound methodological approach. First, the sheer number of respondents, over 28,000 new RNs, assure statistically significant data. Additionally, the excellent national and regional response rates guarantee that the data are comprehensive and reliable.

Many individuals at NLN were involved in the coordination, design, and production of the study and its resulting publications. Special thanks are due to Kathy Kaufman and Jill Hodge, Research Coordinators, for their contributions in data analysis and graphics.

Peri Rosenfeld, PhD
Vice President
Division of Research

Section 1
Executive Summary

EXECUTIVE SUMMARY

INTRODUCTION

The Nursing Shortage: How Do New RNs Fit In?

Recent developments have forced employers of health care professionals, policymakers, and the public to seriously evaluate and understand the status of nursing within the changing health care climate. Greater emphasis on cost containment, the scarcity of nurses and other providers, and the mushrooming of out-of-hospital health care delivery are just three major transformations that are responsible for the current focus on nurses in the health industry.

The key words in modern health care are cost containment and home care and nursing is a primary component for the success of both. While nurses are at the center of change they have not always been involved in providing the solutions. The current nursing shortage has altered that situation and thrust nursing into a new role within the health care system.

More importantly, the recent nursing shortage has sent a strong message to the health care industry and others that nursing is a scarce resource whose numbers cannot be taken for granted. Indeed, despite consistent increases in the *supply* of RNs, the health care system continues to demand more.

The solution to the shortage is not the *numbers* of nurses but the *proper utilization* of nurses. Nurses are already the largest group of health care providers with over 2 million RNs in the contemporary supply. When RNs are treated as autonomous professionals and not required to perform tasks that are best undertaken by paraprofessional or other health care workers, the number of RNs required for proper care is diminished. In other words, the shortage is the result of increased demand for RNs, and that increased demand is the result of inappropriate utilization of RNs by their employers. As the Secretary's Commission on Nursing concluded,

> ". . . the current nurse shortage is primarily the result of a rapidly-increasing demand for RNs. Some of this increased demand for RNs is a rising because health care delivery organizations are compensating for reductions in non-nursing staff, both clinical and non-clinical—as well as in other categories of nursing personnel . . . These recommendations call for the provision of adequate support services for nurses,utilization of the most appropriate mix of nursing personnel . . . and improvement in the internal management of nurse resources . . . ." (Secretary's Commission on Nursing, 1989).

The future outlook for health care, therefore, is related to the future of nursing, and the brightest signpost for the future is the newest crop of RNs. This cadre of new licensees provides us with a window to the future of nursing and health care. *Licensed to Care: An Executive Report of New Nurses* was designed as a tool for administrators to help them better appreciate the experiences, attitudes and characteristics of the new nurse. The data contained in this report will assist in planning for the contemporary and future demand for nurses. Because each geographic region is unique in terms of its demographic and economic characteristics, each volume of *Licensed to Care* will focus on one census region as it compares to the national perspective.

Research Design and Response Rate

In March 1990, eight months after obtaining RN licensure, all newly licensed registered nurses were sent a survey to identify their demographic characteristics, assess their educational background, and examine their employment experiences. Prior to sending the survey to the field, each state board of nursing except New Hampshire and Hawaii granted permission for the release of the names and addresses of their new licensees to the National League for Nursing.

After three mailings a total of 28,147 completed surveys were received representing an excellent response rate of 64% nationwide. Response rates for the individual states varied from a high of 76% in Maryland and New Jersey to a low of 52% in Alabama. Among the largest states—New York, California, Illinois, Texas—response rates fluctuated in the high 60% range. In view of the fact that these response rates reflect the **universe of new RNs and not a sample**, these figures are extremely respectable and confirm the reliability and validity of these data.

Educational Profile of the Newly Licensed Nurse

A Short History of Nursing Education Programs

The history of nursing education is replete with struggles between those who argue that the proper setting for nursing preparation is in institutions of higher learning and those considering the hospital the appropriate place for nursing education. The trend toward college preparation has triumphed as evidenced by the decline in numbers of diploma programs and the spiraling surge in associate degree and baccalaureate programs. Despite the cyclical nature of nursing shortages, there has been continual growth in the *number* of educational programs for nurses with the current figure hovering around 1,450.

Type of nursing education and geographic location are the two most powerful variables in explaining differences among nurses in general and new RNs in particular. Historically the newest form of nursing education, associate degree programs now comprise the majority—over 60%—of nursing preparation programs in America. Diploma programs, which predominated for most of nursing's illustrious history, are now the minority—less than 10 %—while the proportion of basic baccalaureate programs has remained essentially stable at about one-third of the total throughout the last century.

The Significance of Nursing Education Programs

The ratio of associate degree programs vis a vis diploma and baccalaureate programs varies from region to region. It is noteworthy that the remaining number of diploma programs are concentrated in the north eastern portion of the nation and the number of associate degree programs grows as one moves westward. The proportion of basic baccalaureate programs is highest in the New England region and hovers around the 30% mark in all other locations.

In regard to educational preparation, the cohort of recent graduates is *not*, however, a mirror image of the current nursing supply. According to the *1988 RN Sample Survey* conducted by the Department of Health and Human Services, diploma graduates comprise approximately 40% of the nation's nursing supply, associate degree graduates represent 25% and baccalaureate 25%. In the *1977 Sample Survey*, 67% of the supply was prepared at the diploma level, 11% at the associate degree level, and 18% baccalaureate. This confirms that the growth in associate degree programs is having an impact on the general supply.

Another significant characteristic emerges in understanding the educational backgrounds of new RNs. A greater proportion of the contemporary cohort has had experience in the health care delivery system prior to RN licensure. Almost one-third of the new RNs had practiced as licensed practical/vocational nurses, and a significant percentage of these individuals *returned to their previous employer as RNs*. A closer look at these data reveals that over 40% of the associate degree graduates had previously practiced as LPN/LVNs, almost 20% of the diploma graduates had previous LPN/LVN experience and less than 10% of the baccalaureate alumni were previously LPN/LVNs.

The implications of these data are noteworthy for several reasons. First, it is evident that RN licensure is a measure of career mobility for many already employed in the health care system. For the nursing executive this suggests that continuing education can be a powerful factor in retaining exemplary employees working as paraprofessionals. These individuals already acclimated to the institution and its unique milieu usually return to repay their employers with many years of dedicated service. Second, as a recruitment strategy, nursing educators may target LPN/LVNs as potential students in their programs.

Advancement of LPN/LVNs to RN licensure offers interesting opportunities and challenges to both the executive and the employee. Many new nurses who took the time to write us were new RNs who were previously employed as LPN/LVNs. They voiced concerns about the loss of seniority when they became RNs. Often they were forced to work undesirable shifts, and their salaries were only nominally better than they had been as LPN/LVNs. Most often they protested the treatment they received from their new colleagues who, remembering them as paraprofessionals, questioned their capabilities as RNs. In short, executives must be aware of both the positive and negative aspects of advancement from LPN/LVN to RN.

The Many Faces of Newly Licensed Nurses

Data on the demographic characteristics of the newly licensed nurses are perhaps the most vital information needed to recruit and retain employees. Variables such as marital status, presence of dependent children, and age all have important implications relative to scheduling, activity status, and the desirability of child care as possible benefits at your institution. Understanding the potential applicant pools from which your new nurses are recruited will place you in a better position to offer the benefits and working environment that are most attractive to today's new nurses.

While associate degree graduates predominate among the contemporary cohort of new RNs, it is important to note that the trend toward associate degree education has profound implications for the future supply of nurses. Associate degree graduates are demographically different from their diploma or baccalaureate counterparts. Most significantly, associate degree alumni are more mature with an average age of almost 34. The typical diploma graduate is approximately 29, and the average baccalaureate graduate is 27.

Not surprisingly, age is related to marital status and the presence of dependent children, and indeed, the majority (over 62%) of new RNs coming from associate degree programs are married and over half have dependent children at home. The comparable figures for diploma graduates show that about equal numbers are married and single, and one-third have children at home. The baccalaureate-prepared new RN is most likely to be single (57%) and childless (80%).

The overwhelming majority of new nurses are white females. Nursing remains the archetypical women's profession with over 94% of its members being female, and there is little variation among the geographic regions. While a large majority (over 90%) of new RNs are white, great variation exists throughout the nation. The largest proportion of blacks is found in the South Atlantic and East South Central regions, and the largest groups of Hispanics, Asians, and American Indians are located in the Pacific region.

Employment Patterns Among New Nurses

Supply and Demand for New RNs

The recent nursing shortage has fostered some damaging myths about the nursing profession. Claims are made that nurses are fleeing from the bedside or quickly "burn out" and seek other careers. Empirically these claims are false for both the general supply of nurses and particularly for the cohort of new RNs. Almost a year after graduation, 98% of new RNs are employed in nursing suggesting strong commitment to the profession. Moreover, the majority of the 2% that are not employed in nursing are voluntarily unemployed because of family obligation or continuing education. It is noteworthy that after almost a year of experience, the majority (81.5%) of new RNs are still employed at their first nursing job.

Several indicators confirm that the demand for new nurses is extraordinarily high. First, a great majority (63%) of new nurses state that "many jobs" were available when they were job hunting. An additional 11% took jobs at the site of their clinical preparation and hence did not job-hunt at all. In a similar vein, over 82% of newly licensed nurses accepted positions *before graduating* from nursing school indicating that early recruitment of senior nursing students is a successful strategy. Indeed, 97% of new graduates found jobs within three months of obtaining licenses.

Employment Profile of the New RN

Despite the rapid growth in home and community health, the vast majority (92%) of new RNs are employed in acute care settings. Just under 4% are employed in long-term care, 2% are working in community/public health, and the remainder hold positions in ambulatory settings such as schools and physician's offices.

Regardless of employment setting, the great majority (85%) of new RNs are working full-time. Even among those working as school nurses or in physicians offices, over three-fourth are considered full-timers. In view of the fact that many have dependent children living at home, these data are impressive reminders of their commitment to nursing.

What attracts a new RN to a particular position? A significant proportion (30%) state the "ability to practice in my chosen specialty" as the number one reason for choosing their current job, and 29% took their present job because of "prior experience in the institution." These data document that new RNs are career-minded and committed to the nursing profession. New RNs seek employment that offers them the practice *they* want, and often they build upon prior experiences to achieve higher status. In short, these newly licensed nurses are not taking the first job they encounter; they are educated, ambitious individuals seeking positions that permit growth and professional satisfaction.

Despite conventional wisdom that nurses are primarily motivated by money, only 11% claim that "salary" was the primary reason for choosing their current position. In fact, "salary" ranked very low on the scale behind "reputation of the institution" and "location".

Starting salaries for nurses vary considerably by region. While the national average for full-timers stood at $25,089 at the completion of the study, the highest average salaries were reported in Connecticut ($32,032), Alaska ($30,102) and New Jersey ($29,277). The lowest mean full-time salaries were reported in North Dakota ($20,282), South Dakota ($20,447), and Iowa ($20,903).

Factors Associated with Job Satisfaction

An astounding 80% of newly licensed nurses claim satisfaction with their current jobs, and almost 50% of them attribute their satisfaction to "working in desired specialty." An additional 25% cite "salary/benefits" as the primary source of their satisfaction.

It is noteworthy that job satisfaction is high among all demographic groups. Some variation, however, does exist. For example, among the different racial-ethnic backgrounds, 80% of the American Indians and Hispanics expressed satisfaction with their current employment, while only 69% of the blacks reported satisfaction. Another interesting finding indicates that rates of satisfaction decrease *slightly* with age. In other words, the younger newly licensed nurses, below age 24, express somewhat greater satisfaction than their older counterparts. Job satisfaction is virtually equal regardless of marital status and presence of children.

A significant plurality (44%) of those dissatisfied with their current position state "poor working conditions" (which include forced overtime, mandatory rotation, etc.) as the primary source of their discontent. "Inadequate salary" ranked second among the reasons for dissatisfaction (31%) and "unsatisfying staff relations" is a very close third (29%).

Indeed, there is some relationship between salary and satisfaction. Those reporting "salary" as their primary source of satisfaction are on average earning more than the other satisfied nurses: $26,513 compared with $25,352. In addition, those stating "inadequate salary" as their primary source of dissatisfaction report lower earnings than other discontented newly licensed nurses: $22,716 compared with $24,305. In short, while salary *per se* is not necessarily the most frequently cited source of satisfaction, it is a good predictor of job satisfaction.

Adequacy of Orientation

Perceived adequacy of orientation engendered some important results, and many respondents chose to remark on their experiences. In general, almost half of the newly licensed nurses evaluated their orientation as excellent or very good. An additional 27% assessed their orientation as good, 15% fair, and 6% poor. Approximately 3% claimed they received *no orientation* at all.

A rigorous content analysis was performed to categorize and analyze the qualitative, i.e., descriptive, data provided by respondents. Assessments of orientation fell into several global categories including: (a) the amount of time devoted to orientation, (b) the staff assigned to orientation, (c) the performance of the preceptor, (d) the amount and quality of the clinical and classroom training, and (e) organization of the orientation program.

Positive evaluations (e.g., "excellent/very good") were most strongly related to the sufficient amount of time devoted to orientation with over 55% of the respondents stating this. Over one-third of the respondents claimed that the performance or abilities of their preceptor contributed to their successful orientation. Smaller groups of new RNs considered their orientation excellent or very good because of "good courses/classroom training" (16.5%) and "good co-workers" (18.5%).

As one might expect, those newly licensed nurses who evaluated their orientation neutrally or negatively ("good/fair/poor") were most likely to assert that the amount of time devoted to orientation was insufficient

(36.5%). "No preceptor/poor preceptor" and "did not learn what I needed" tie for second place among the chief reasons for negative evaluations of orientation.

Closer analysis reveals that the majority of those who received no orientation at all were previously employed as LPN/LVNs. It was this group that was most vocal about their feelings. These new RNs objected to the attitude their administrators seemed to have about them, i.e., an LPN/LVN is already a nurse who needs no special orientation to the RN role.

The growing group of LPN/LVNs advancing to RN licensure presents an instructive illustration of how important it is to clearly distinguish the functions of professional, registered nurses vis- a-vis the technical practical nurse. It is neither desirable nor appropriate to consider the RN as interchangeable with the LPN/LVN. As described above, it is this attitude that "a nurse is a nurse is a nurse" that has contributed to the recent nursing shortage. RNs should not be performing those tasks associated with LPN/LVN licensure and vice versa. It is illegal and the staff resents it.

Adequacy of Nursing Education

A good measure of the success of an individual nursing educational program is how well graduates feel they were prepared for their current employment. A large majority (approximately 90%) of newly licensed nurses from all types of nursing educational programs responded that their classroom experiences prepared them adequately for their current position. While the overall majority responded positively in regard to adequacy of clinical preparation, some variation among the graduates of the different types of educational programs does exist. Over 90% of diploma graduates responded that their clinical preparation was adequate, while smaller groups of associate degree (73%) and baccalaureate (69%) graduates responded affirmatively.

These findings, while disturbing, are not unique. In previous studies of newly licensed nurses, baccalaureate graduates have consistently reported lower rates of satisfaction with their clinical experiences than the graduates of other programs. In an effort to explain this trend, the NLN Division of Research conducted a special study of clinical preparation at the nation's nursing schools in 1989. According to the findings:

> "...the issue of professional expectations and the influence of educational philosophies are certainly playing a role in these responses. For if BSN students are educated to perceive themselves as autonomous health care workers in community or public health care, those individuals may feel constrained by the bureaucratic, hierarchical structure of a hospital. And, though new BSNs often choose hospital employment, the dissonance they experience may be so powerful as to affect their perceptions of the adequacy of their education." (Rosenfeld and Kaufman, 1990)

Summary and Conclusion

The findings of the survey of newly licensed nurses offer a wealth of information on the demographic characteristics, educational backgrounds and employment experiences of the nation's newest RNs. There is little doubt that these men and women have entered nursing at an extremely turbulent period when shortages, cost containment efforts, and dislocation within the health care delivery system are rampant. Add to this the "graying of America," the AIDS epidemic and the plethora of health care problems associated with poverty and homelessness, and one recognizes that new nurses must possess a strong commitment to equitable health care and the public good.

As enrollments to nursing schools improve and fear of continued shortages subside, it is time to evaluate some of the strategies recently adopted to recruit and retain nurses to educational programs and to the practice settings. The astronomical growth in associate degree graduates presents both promise and dilemmas for nursing administrators. Clearly, the more mature, married associate degree student is as dedicated to full-time employment as are her diploma and baccalaureate counterparts. Age, however, does affect length of time in the workforce—the older the new graduate the fewer available years in the labor force. It is too soon to tell if this will have a significant impact on future supply.

It is vital that executives appreciate the consequences associated with the influx of LPN/LVNs into RN posi-

tions. No doubt LPN/LVNs are appropriate and desirable candidates for RN licensure. However, the transition from one to the other must not be taken for granted. In areas such as job satisfaction and attitudes toward job orientation, for example, those previously employed as LPN/LVNs expressed displeasure with the treatment they have received.

Clearly, the new crop of RNs are career minded, ambitious individuals committed to patient care and the profession of nursing. They choose positions that offer the ability to work in the specialty *they* desire not just what the institutions demand. They work full-time even if they have small children at home. They are often individuals who have had previous experience in health care and are now building their careers as professional nurses. They are nurses who are serious about health care—it's high time that the health care system recognize and reward them.•

Peri Rosenfeld, PhD
Vice President
Division of Research

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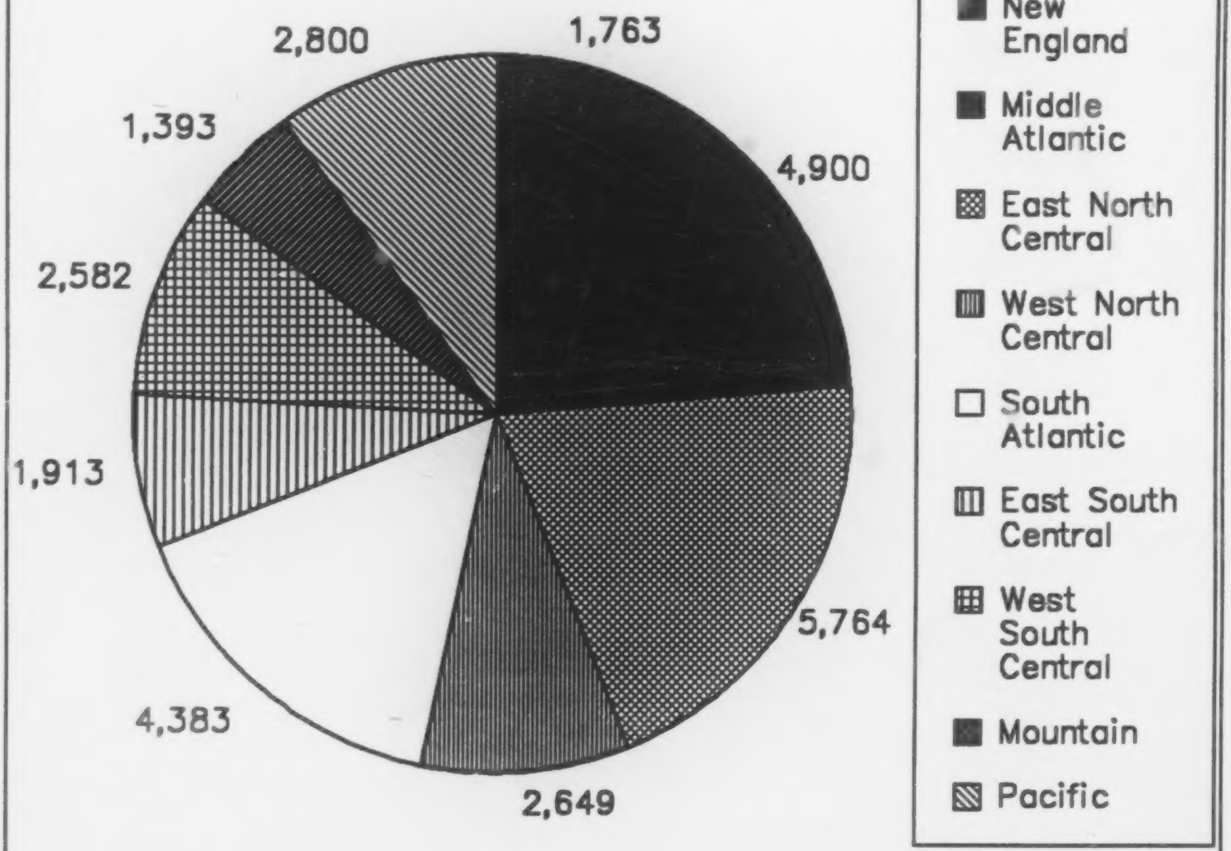
Section 2
Graphs

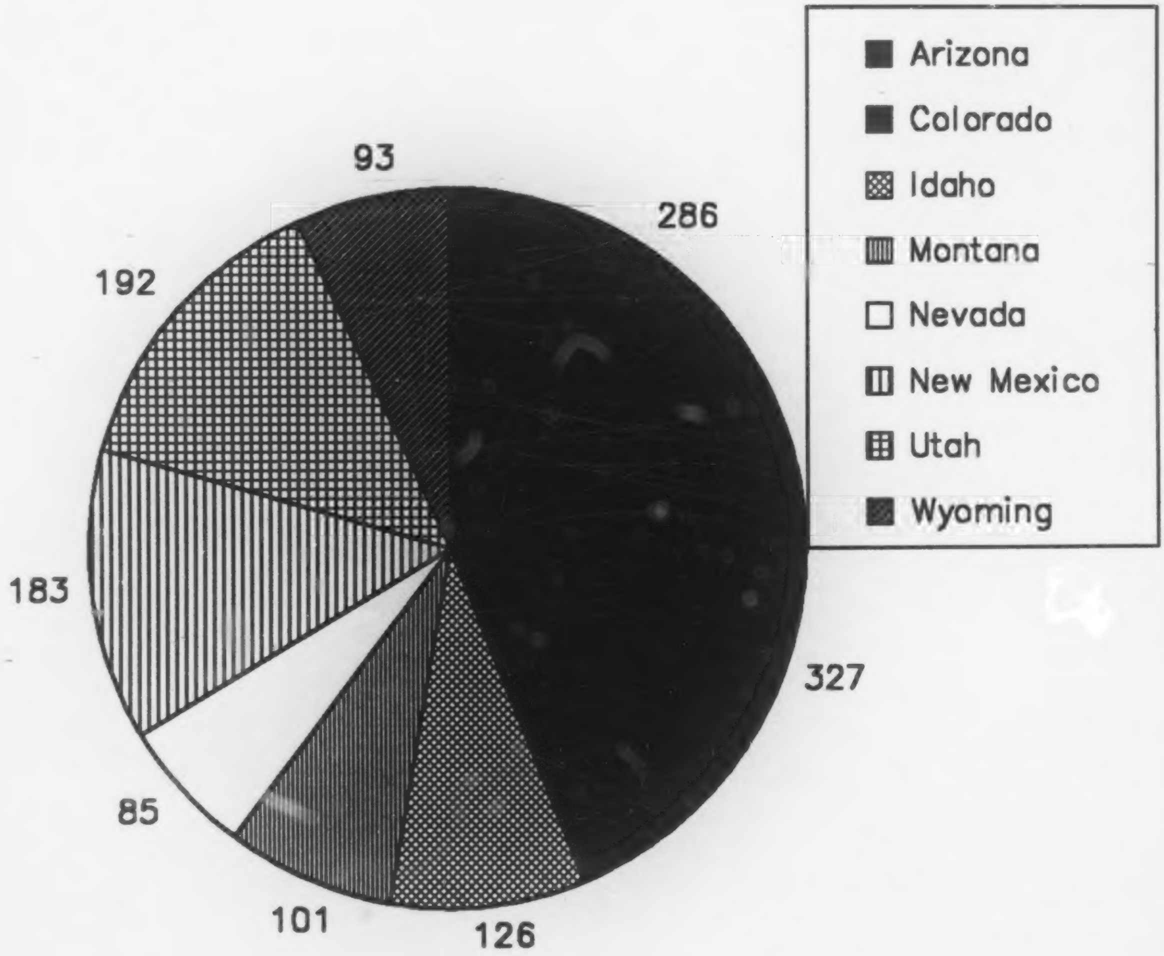
TOTAL NUMBER OF NEWLY LICENSED NURSES

The greatest number of newly licensed nurses reside in the East North Central states (5,764) followed by the Middle Atlantic (4,900). The smallest percentage currently live in the Mountain region (1,393).



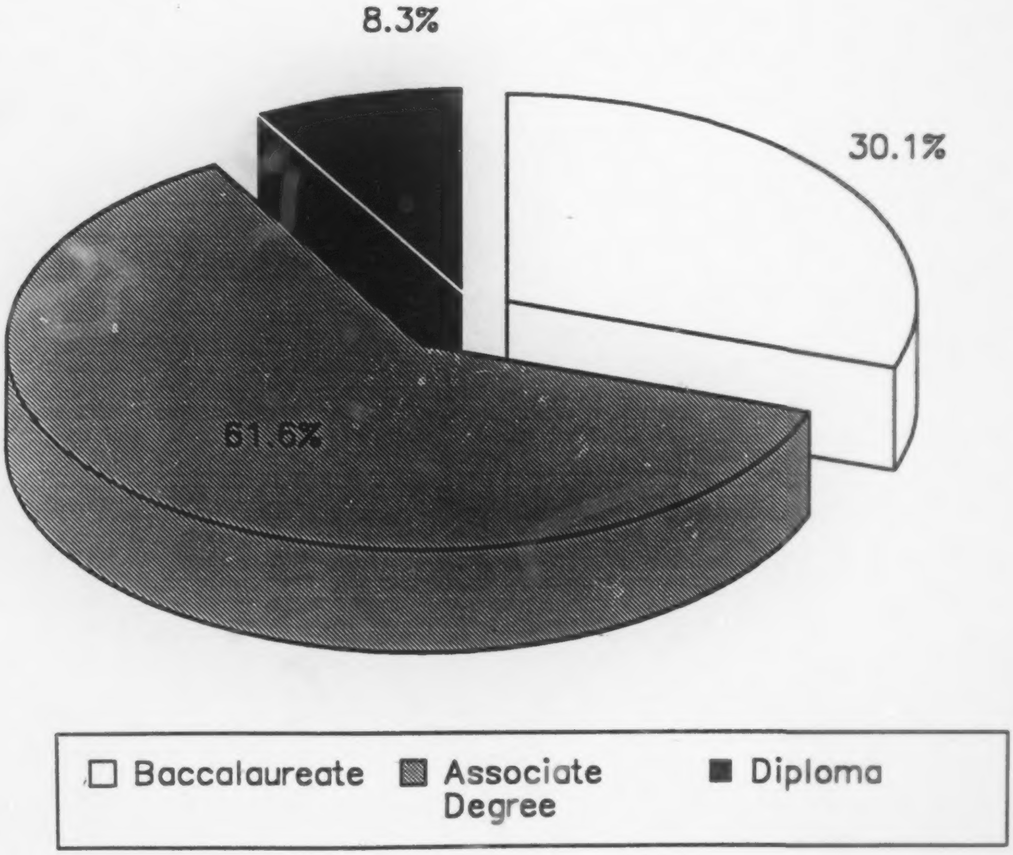
TOTAL NUMBER OF NEWLY LICENSED NURSES
Mountain Region

Colorado has the largest number of new nurses in the Mountain region followed by Arizona.



NEWLY LICENSED NURSES BY TYPE OF NURSING EDUCATION, 1990

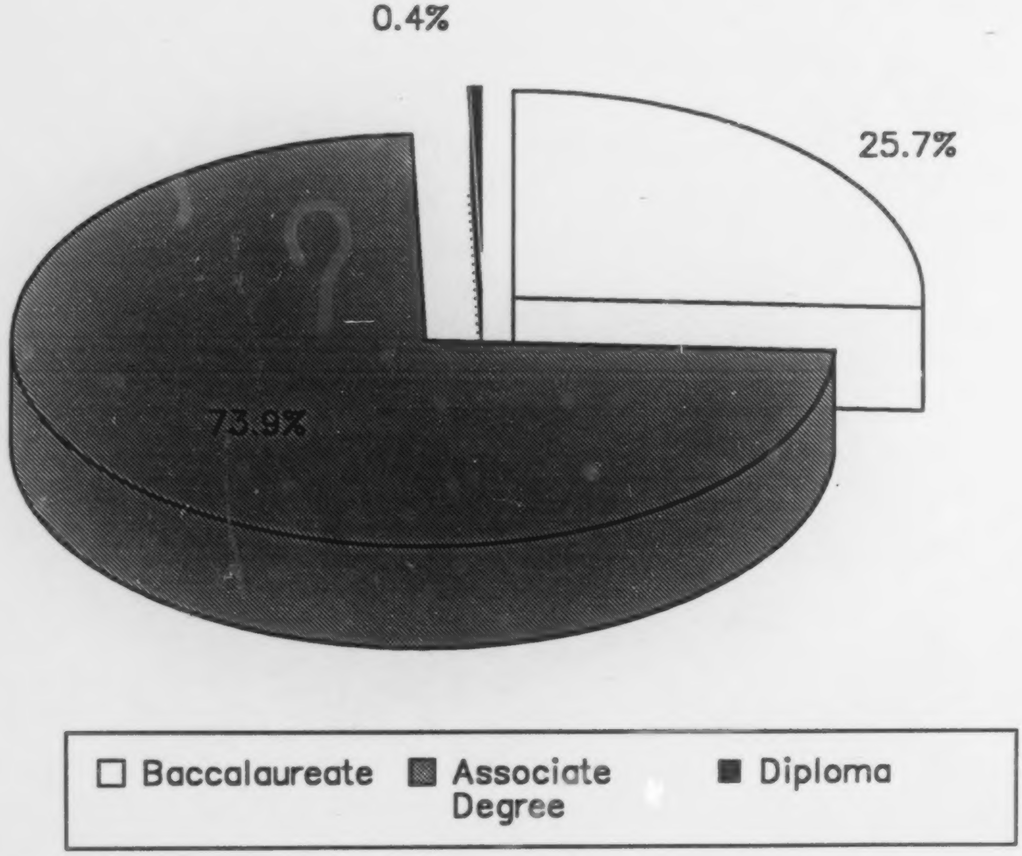
Over 60% of all new nurses have graduated from associate degree programs. Almost a third graduated with a baccalaureate, and just over 8% have diploma degrees.



NEWLY LICENSED NURSES BY TYPE OF NURSING EDUCATION, 1990

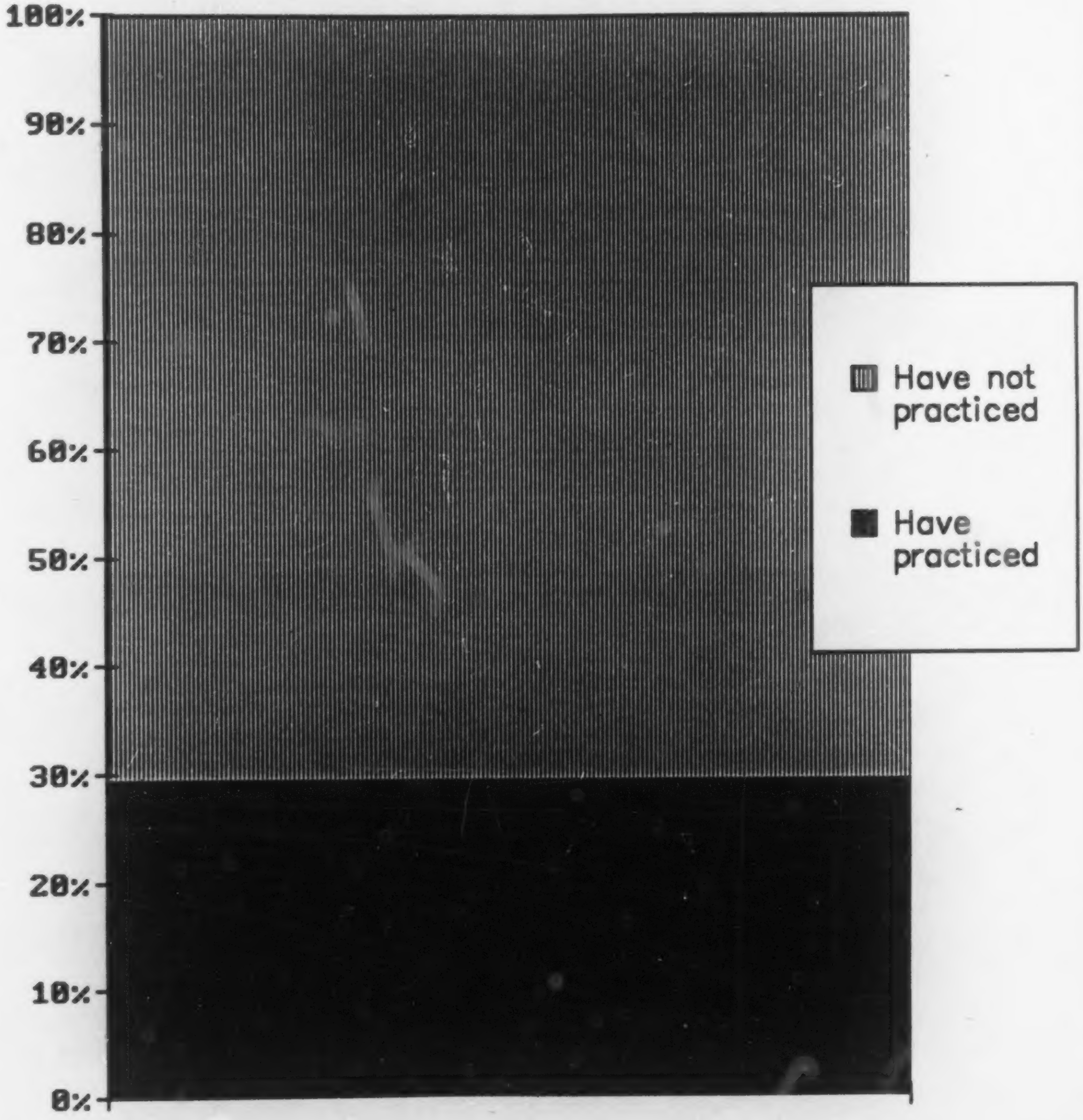
Mountain Region

Almost three–quarters of all new nurses have graduated from associate degree programs. Over a quarter graduated with a baccalaureate, and less than 1% have diploma degrees.



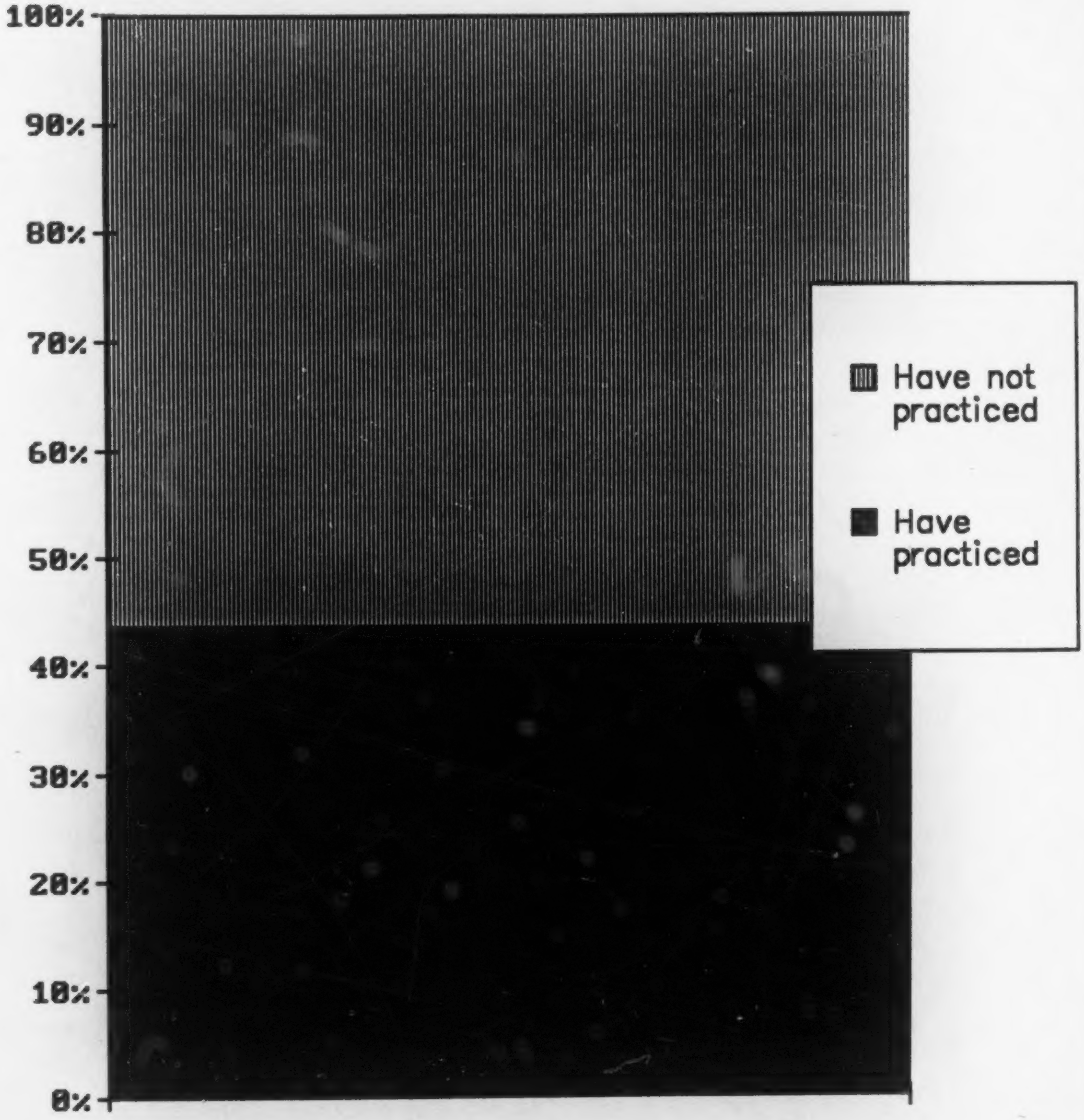
PRIOR LPN/LVN PRACTICE AMONG NEWLY LICENSED NURSES

Almost one-third of all newly licensed nurses have practiced as LPNs/LVNs.



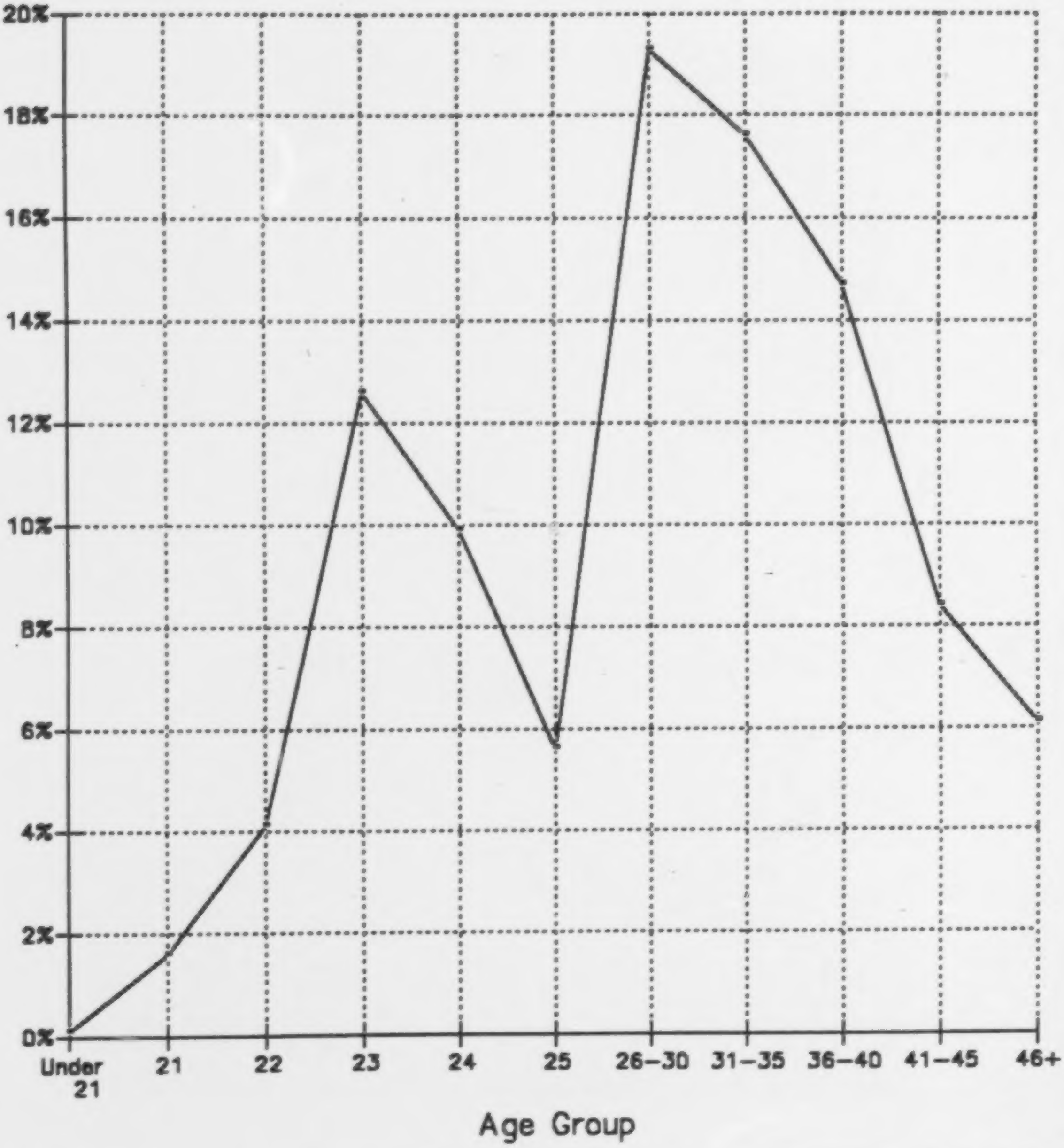
PRIOR LPN/LVN PRACTICE AMONG NEWLY LICENSED NURSES
Mountain Region

Of new nurses in the Mountain region, 44% (the highest percentage in the nation) have practiced as LPNs/LVNs.



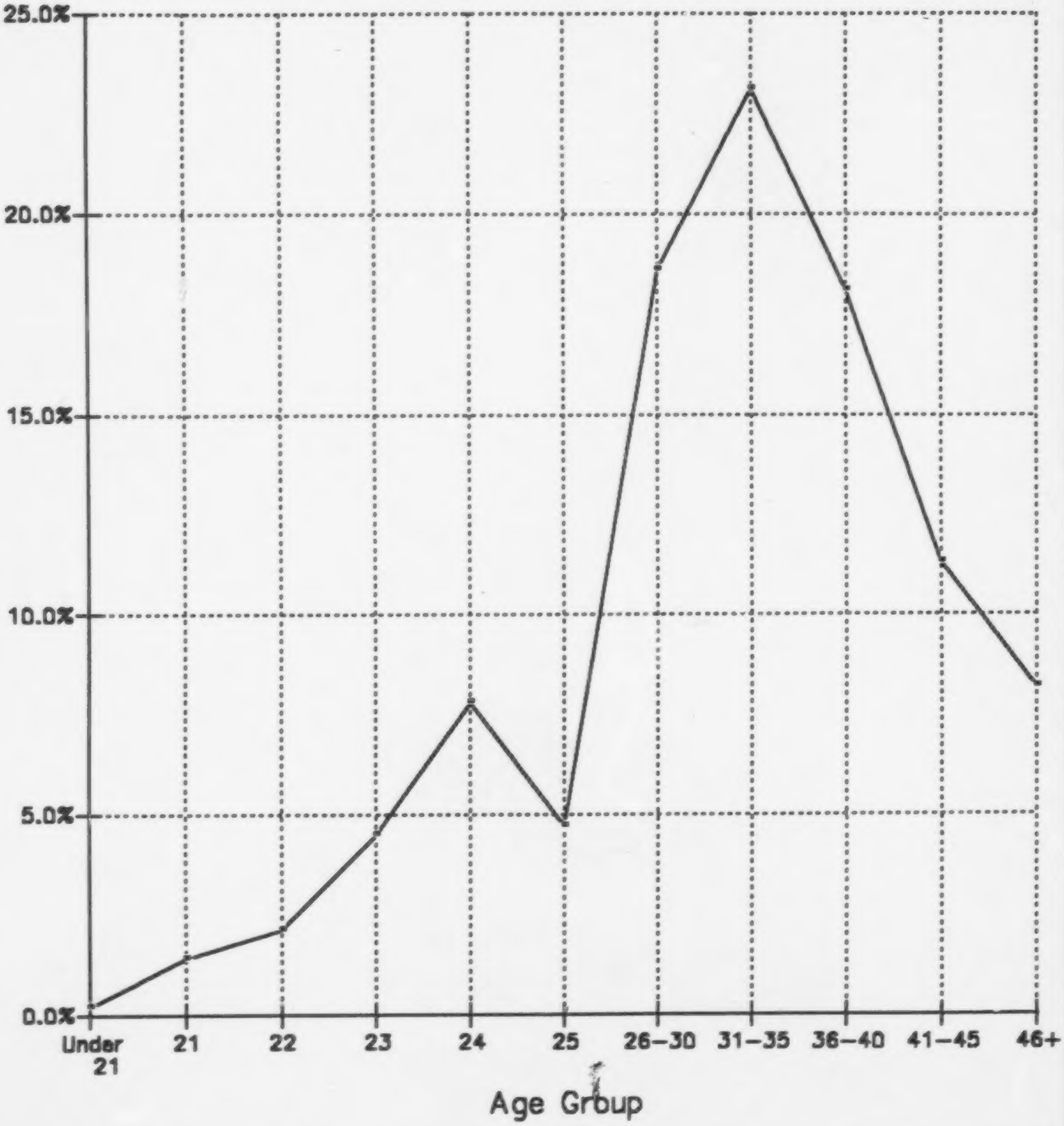
AGE DISTRIBUTION OF NEWLY LICENSED NURSES, 1990

The average age of new RNs is bimodal. The largest group of RNs consists of those 26 to 30 years old. Another peak exists at the 23-year-old mark.



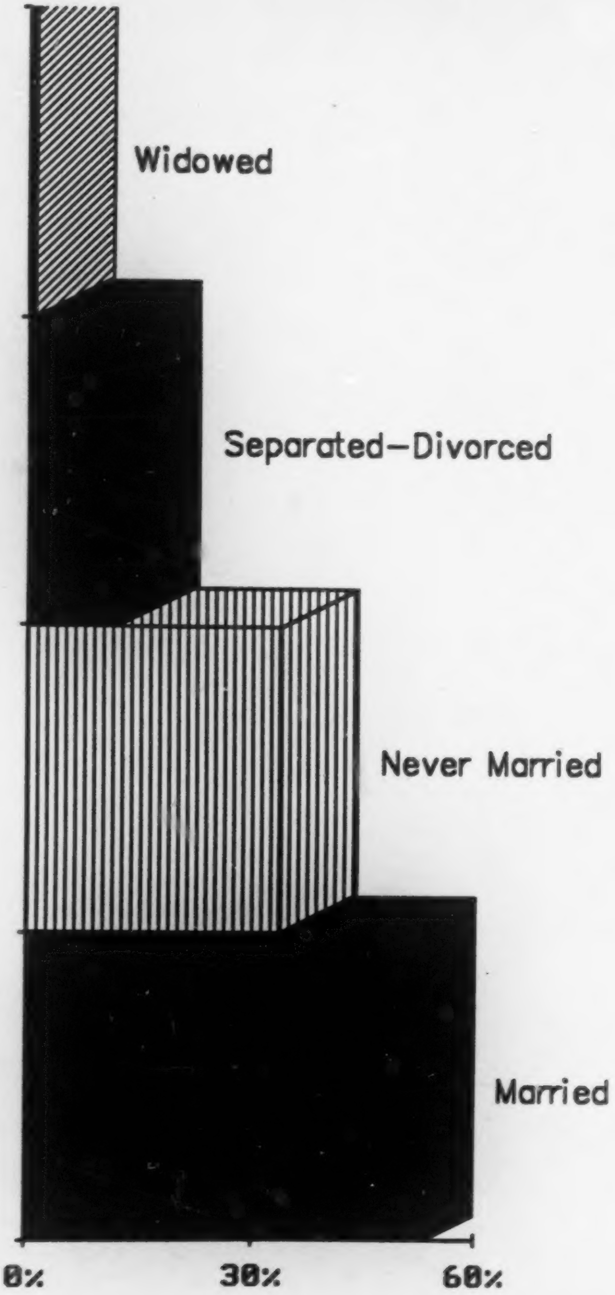
AGE DISTRIBUTION OF NEWLY LICENSED NURSES, 1990
Mountain Region

A plurality of newly licensed nurses in the Mountain region are ages 31 to 35.



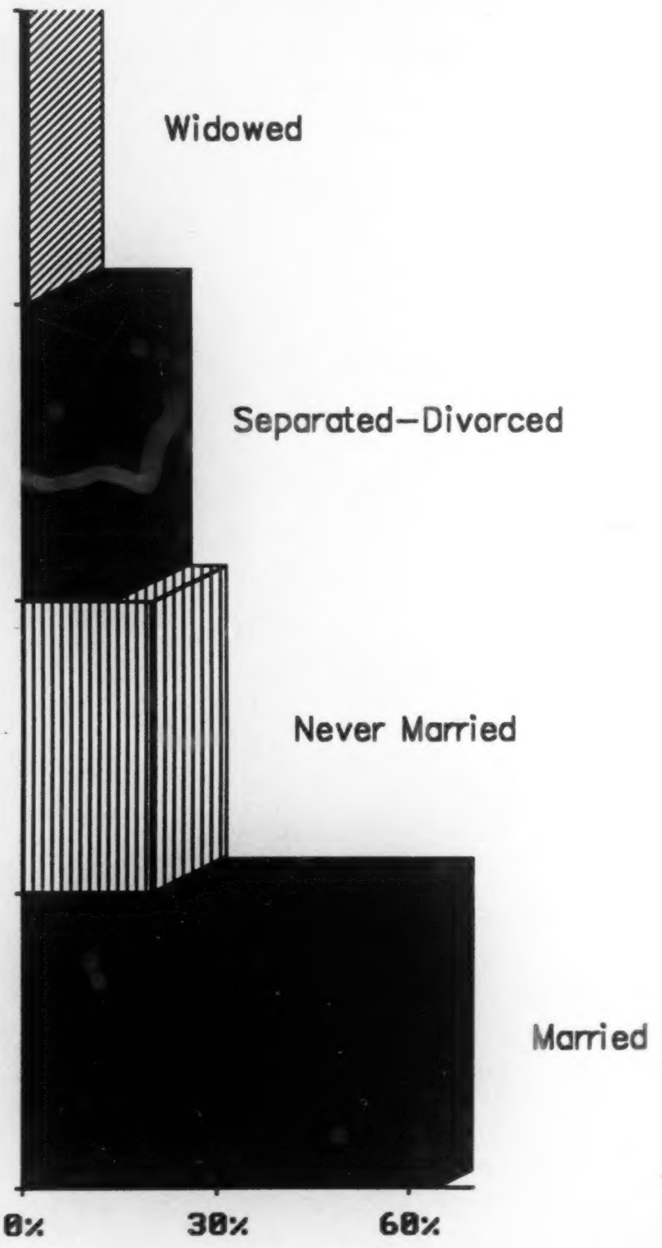
MARITAL STATUS OF NEWLY LICENSED NURSES, 1990

A majority of newly licensed nurses are married.



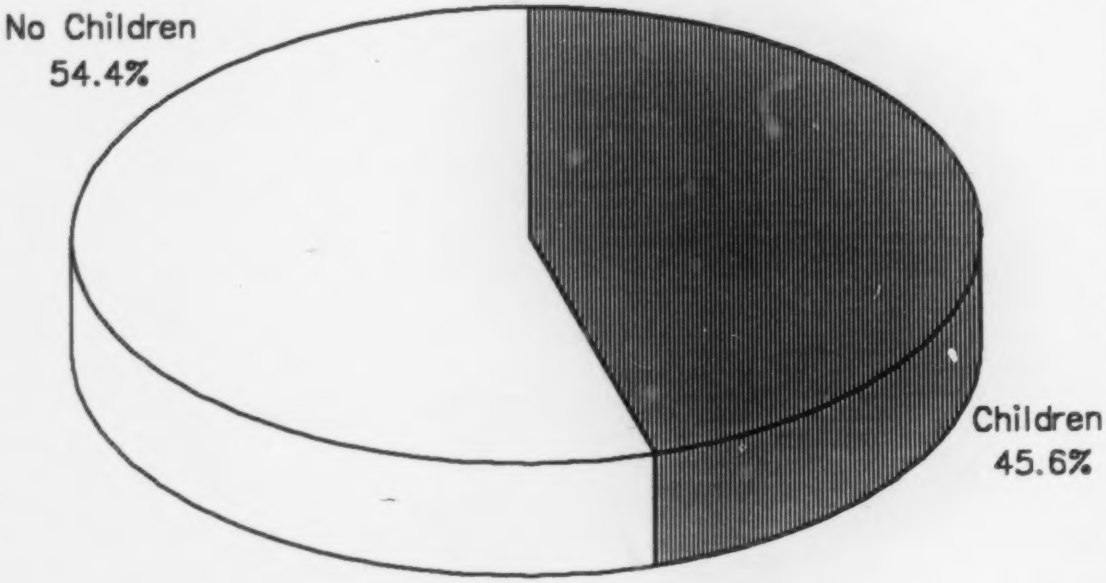
MARITAL STATUS OF NEWLY LICENSED NURSES, 1990
Mountain Region

A high proportion of new nurses in the Mountain region are married.



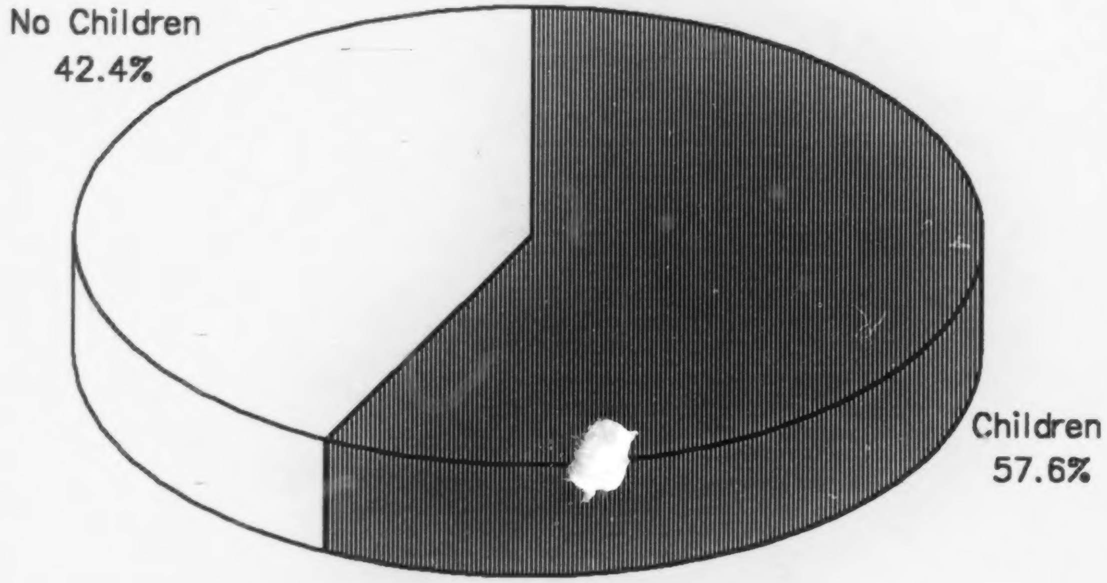
PERCENTAGE OF NEWLY LICENSED NURSES WITH AND WITHOUT CHILDREN, 1990

The percentage of newly licensed nurses who have children is almost equal to the percentage who have no children at home.



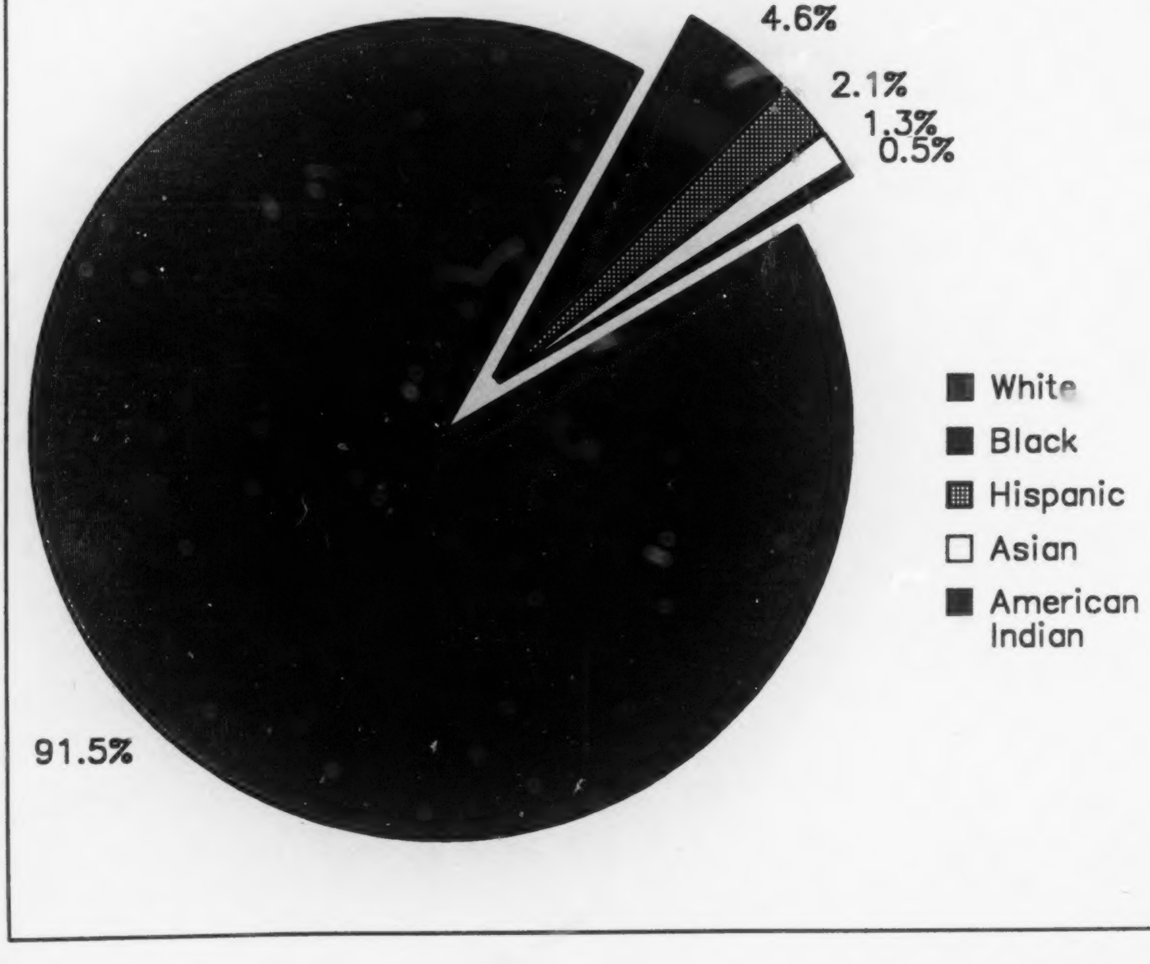
PERCENTAGE OF NEWLY LICENSED NURSES WITH AND WITHOUT CHILDREN, 1990
Mountain Region

Over half of the new nurses in the Mountain region have children.



RACIAL/ETHNIC BACKGROUND OF NEWLY LICENSED NURSES, 1990

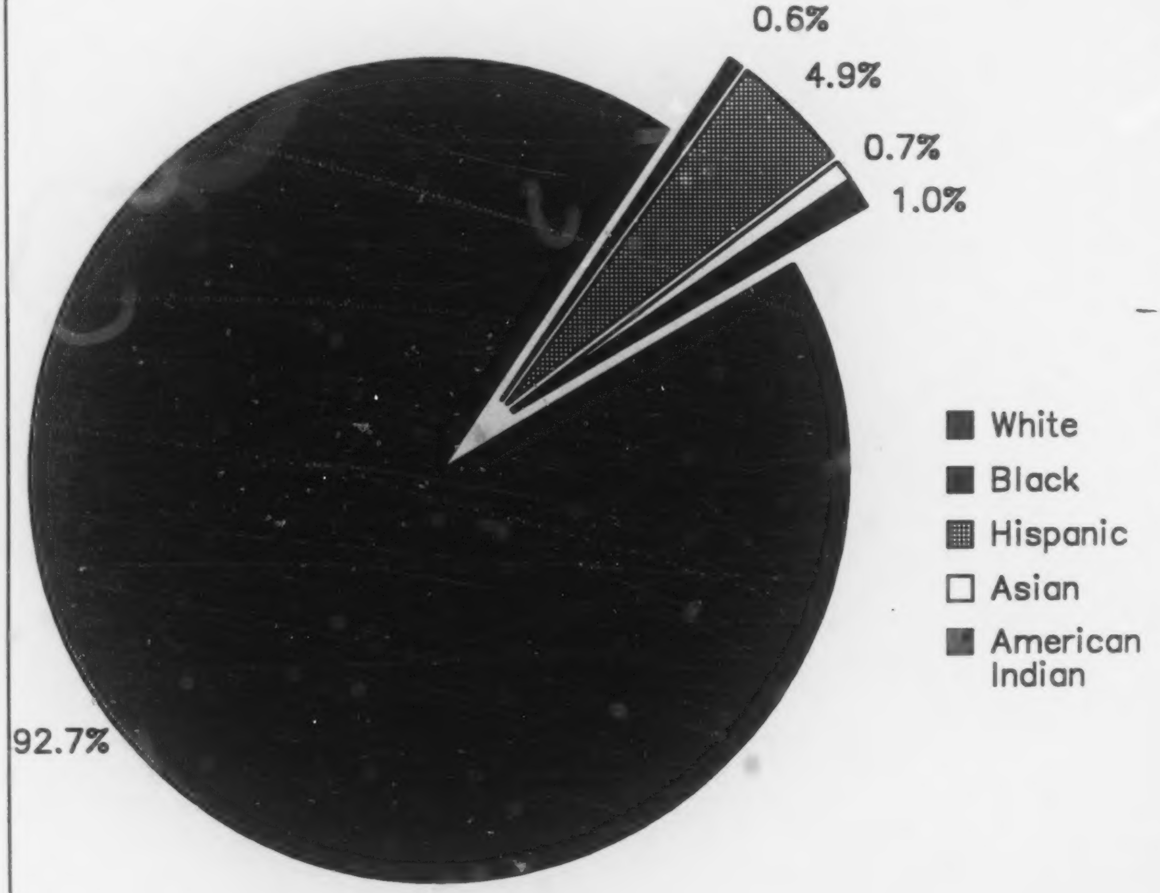
The overwhelming majority of newly licensed nurses are white. Less than 9% are non-white.



RACIAL/ETHNIC BACKGROUND OF NEWLY LICENSED NURSES, 1990

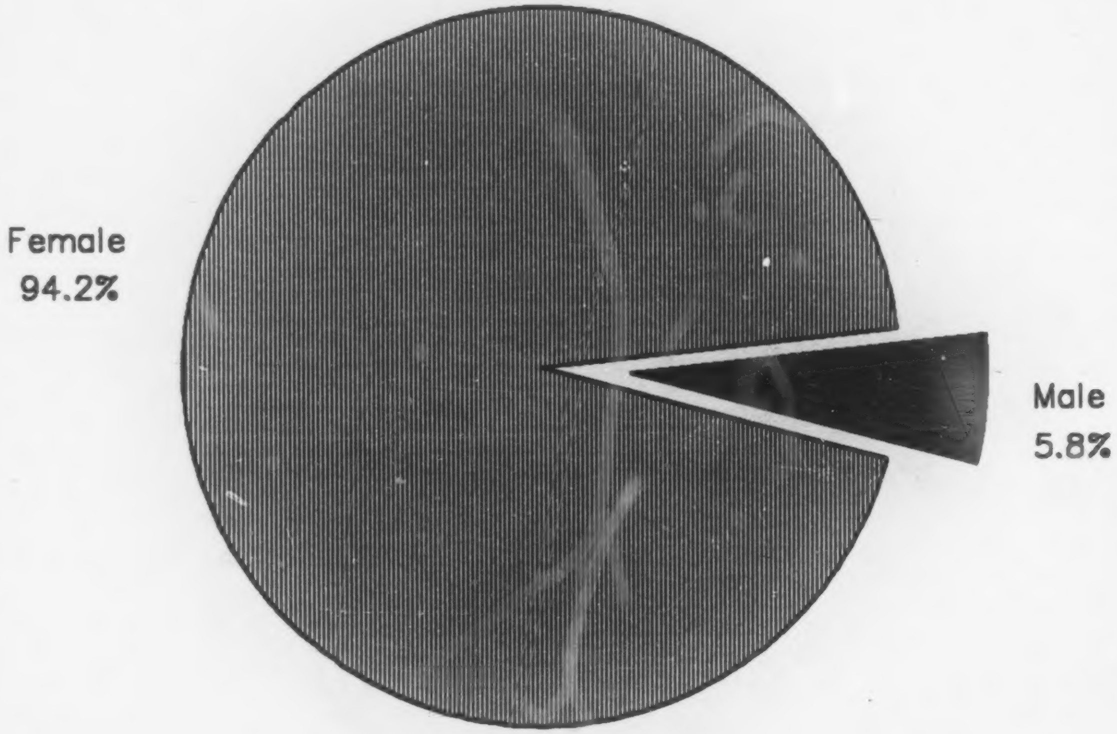
Mountain Region

The overwhelming majority of newly licensed nurses are white. Less than 8% are non-white.



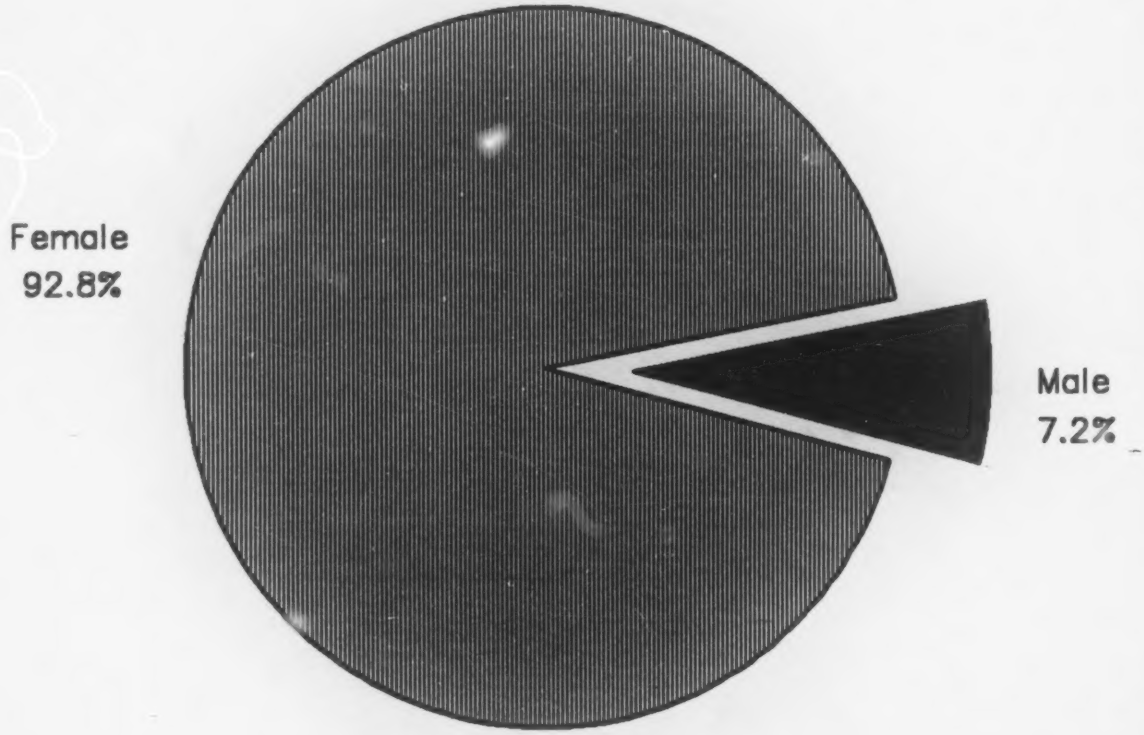
GENDER OF NEWLY LICENSED NURSES, 1990

An overwhelming majority of newly licensed nurses are female.



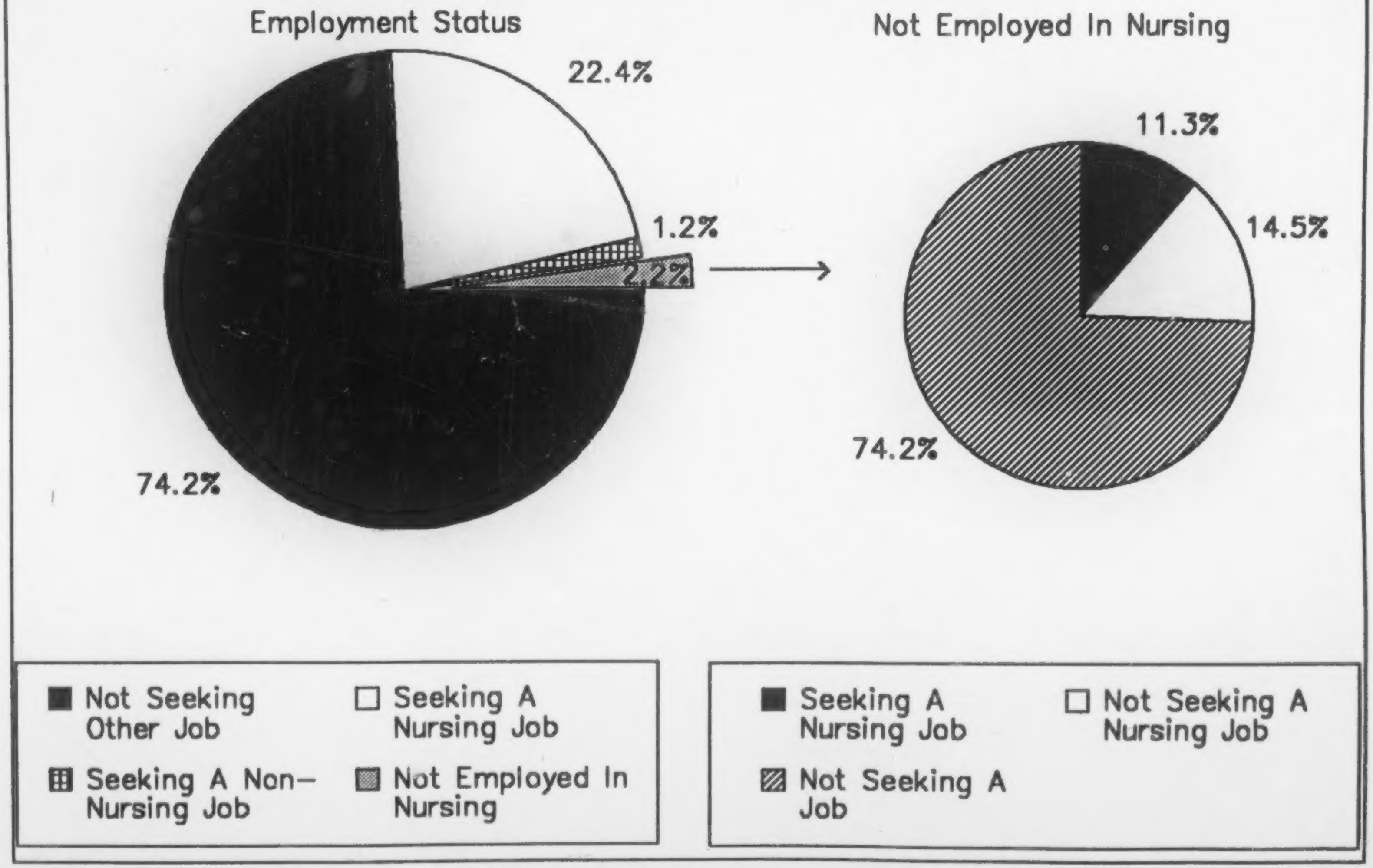
GENDER OF NEWLY LICENSED NURSES, 1990
Mountain Region

An overwhelming majority of newly licensed nurses are female.



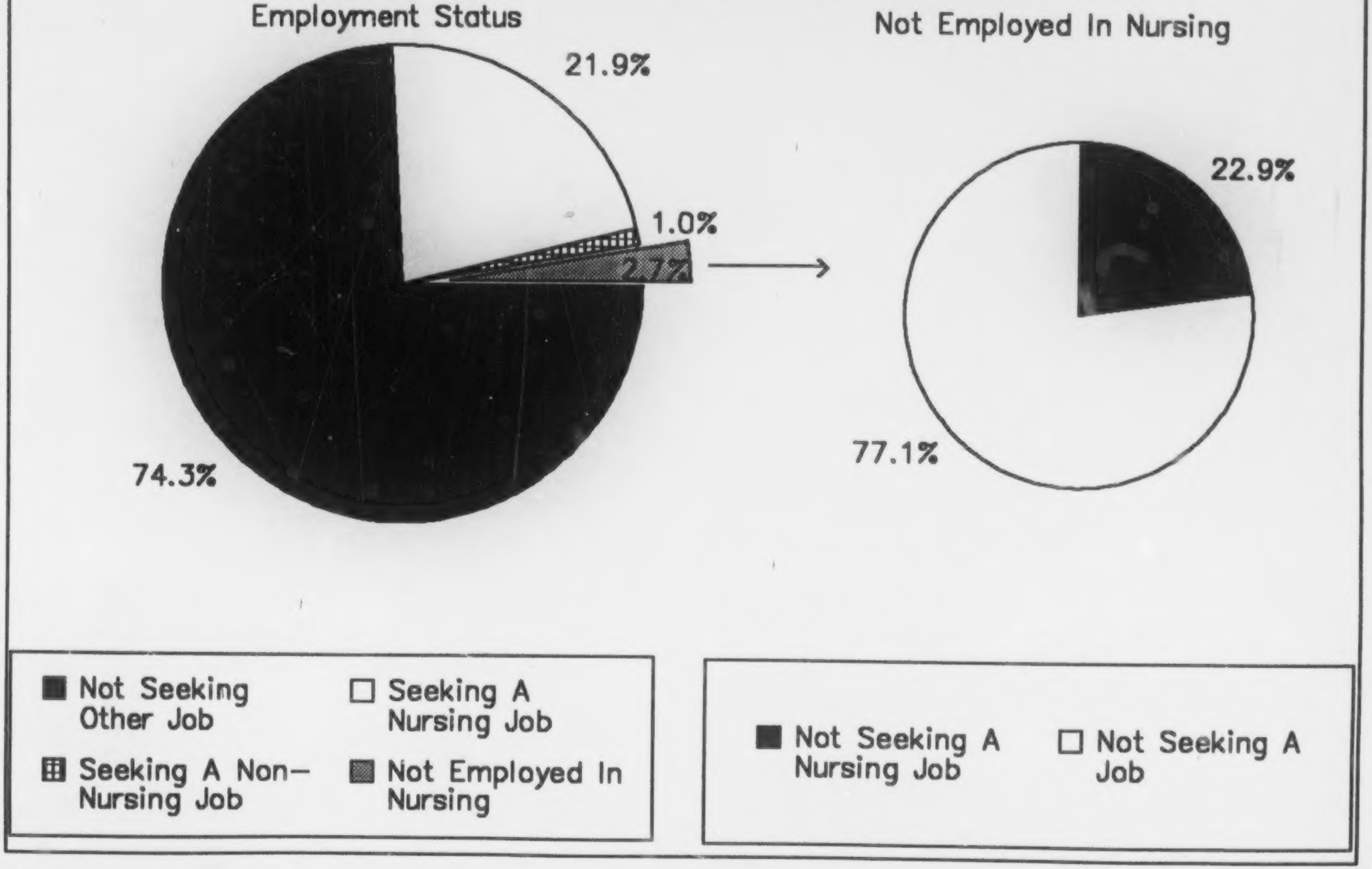
Employment Status of Newly Licensed Nurses, 1990

Over two-thirds of new nurses currently employed in nursing are not seeking another job. Of those unemployed, 74% are voluntarily unemployed.



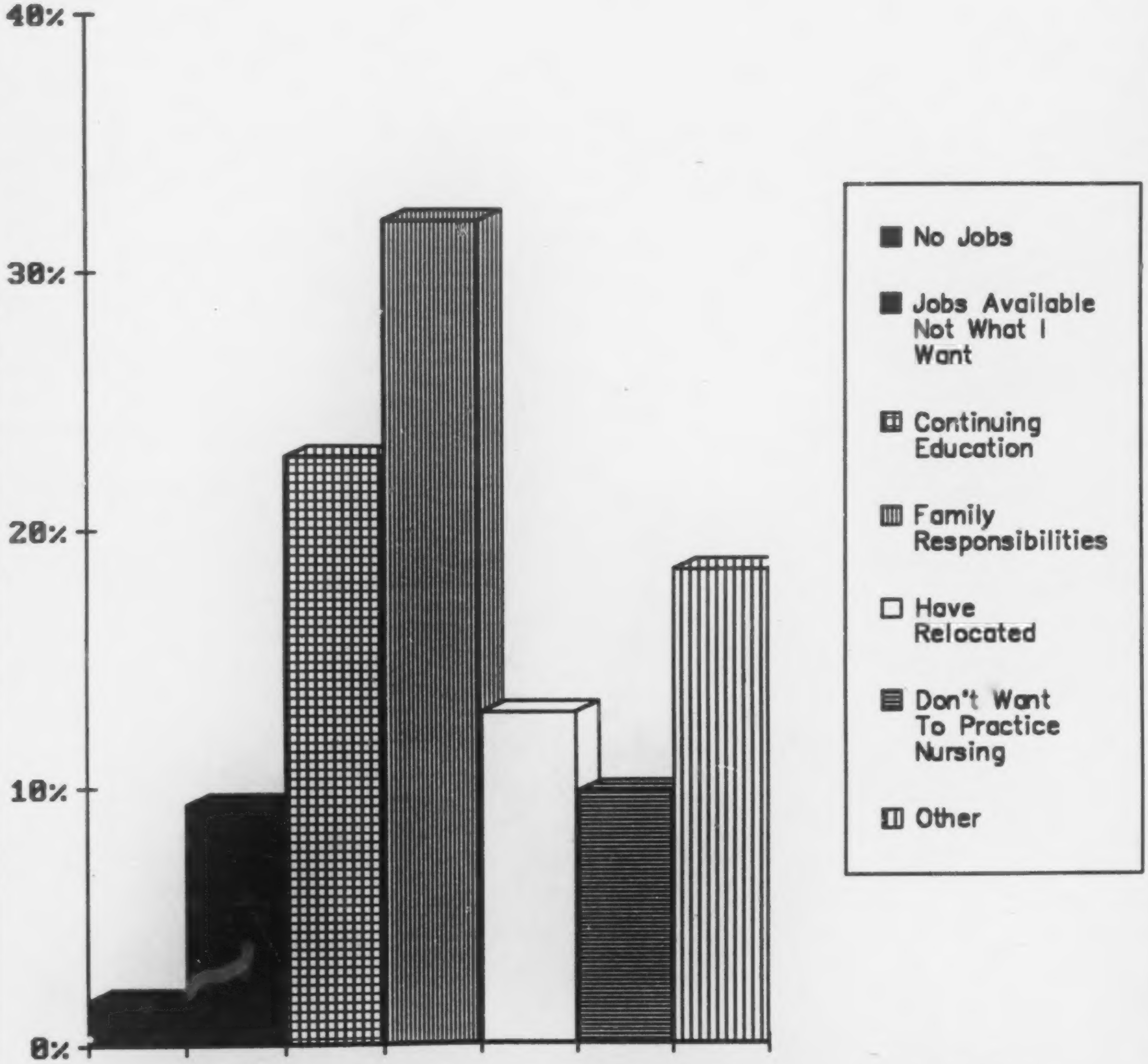
Employment Status of Newly Licensed Nurses, 1990
Mountain Region

Over two–thirds of new nurses currently employed in nursing are not seeking another job. Of those unemployed, 77% are voluntarily unemployed.



MAIN REASON WHY NEWLY LICENSED NURSES ARE NOT EMPLOYED IN NURSING

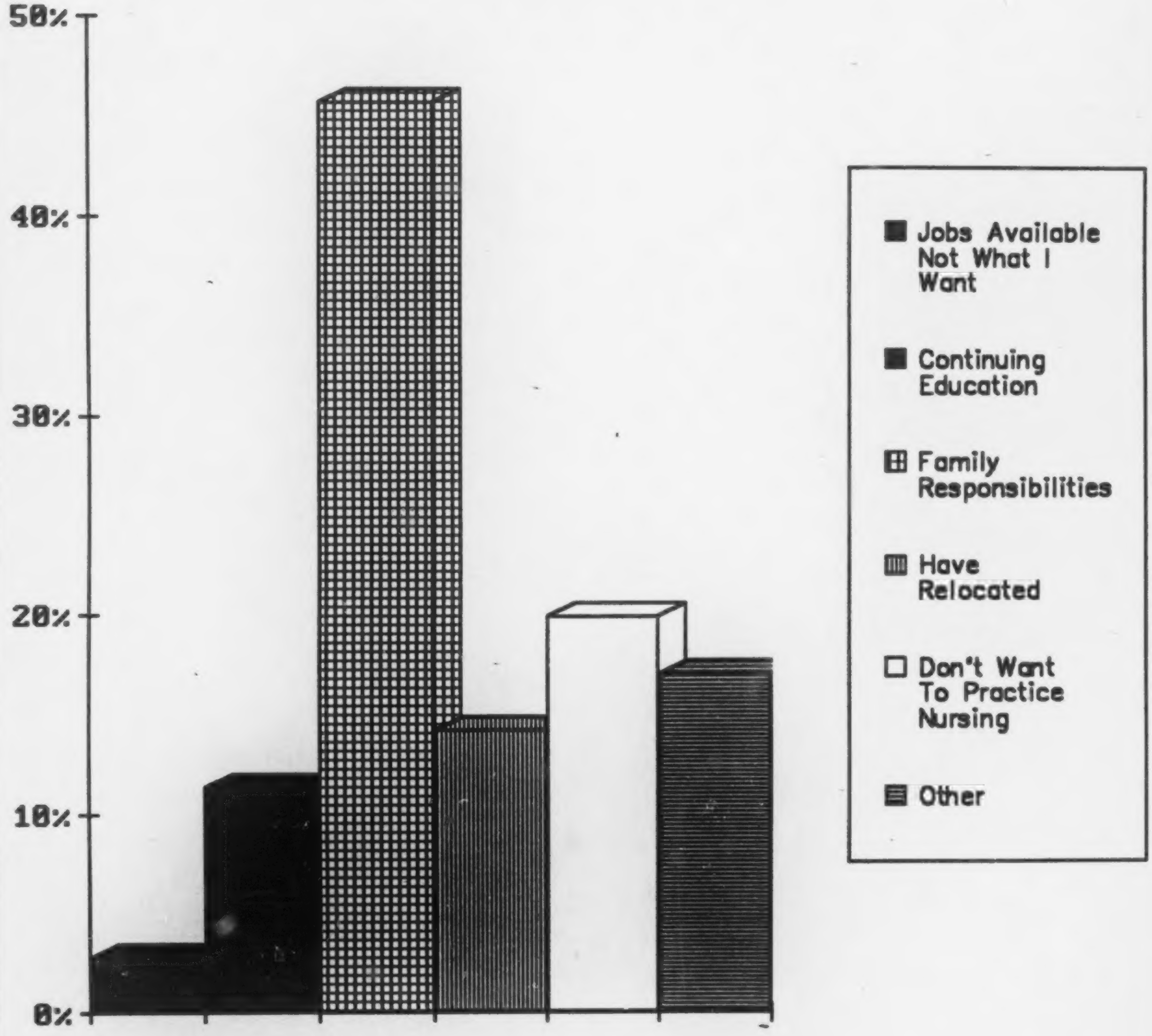
Respondents most often cited "family responsibilities" as their main reason for not currently holding a nursing position.



Note: Only 2 percent of all newly licensed nurses are not employed in nursing. Multiple responses allowed.

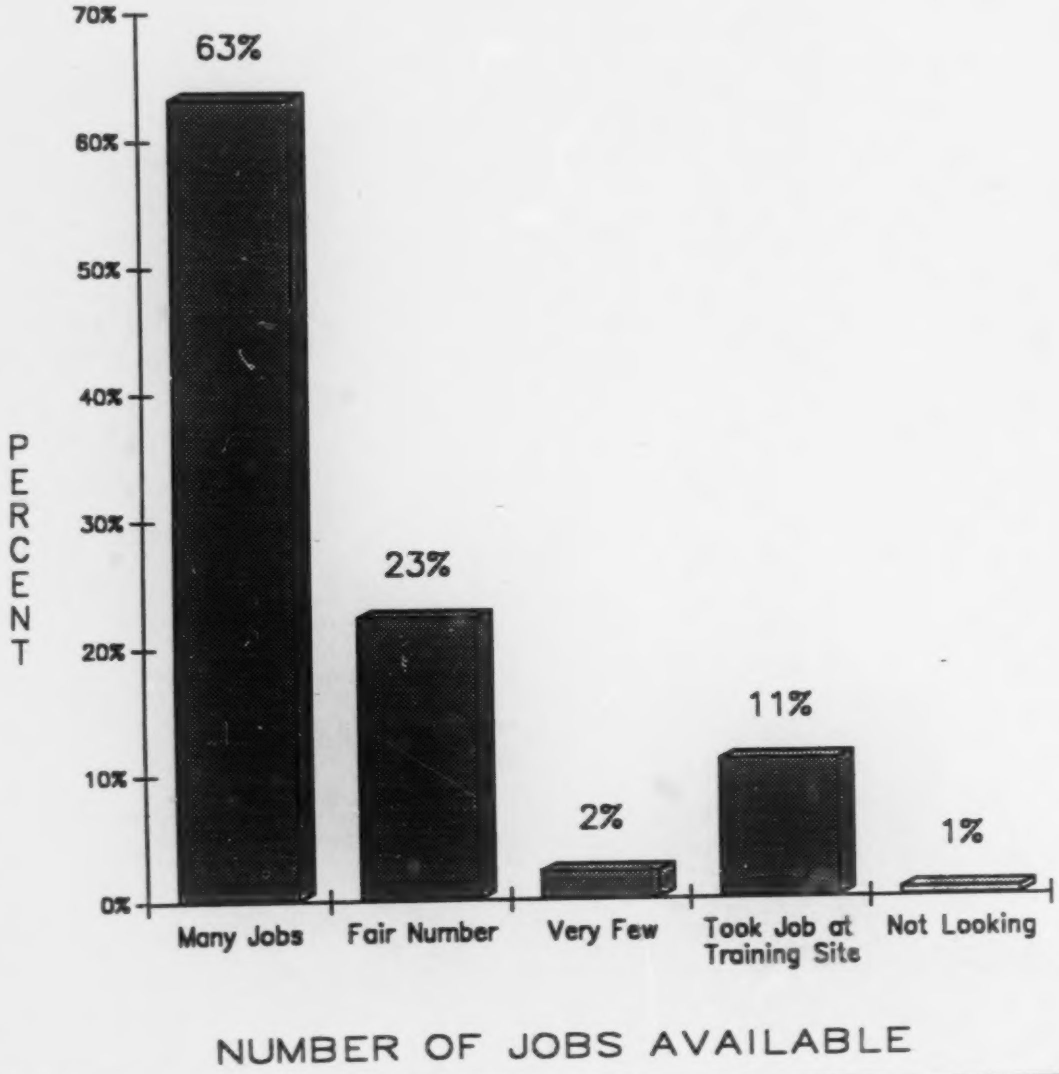
MAIN REASON WHY NEWLY LICENSED NURSES ARE NOT EMPLOYED IN NURSING
Mountain Region

Respondents overwhelmingly chose "family responsibilities" as their main reason for not currently holding a nursing position.



PERCEPTIONS OF JOB AVAILABILITY OF NEWLY LICENSED NURSES, 1990

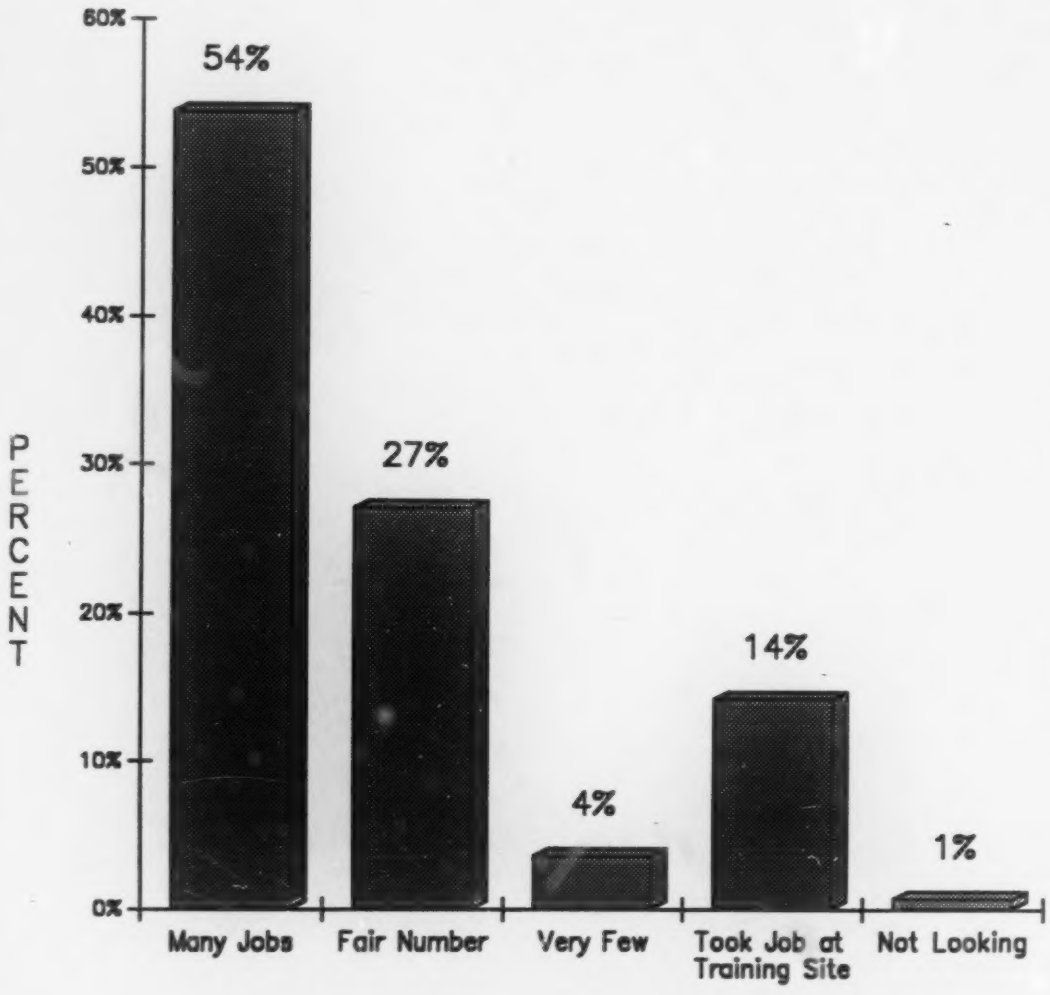
Almost two-thirds stated that "many jobs" were available when they were job-hunting indicating that demand for new RNs is strong.



PERCEPTIONS OF JOB AVAILABILITY OF NEWLY LICENSED NURSES, 1990

Mountain Region

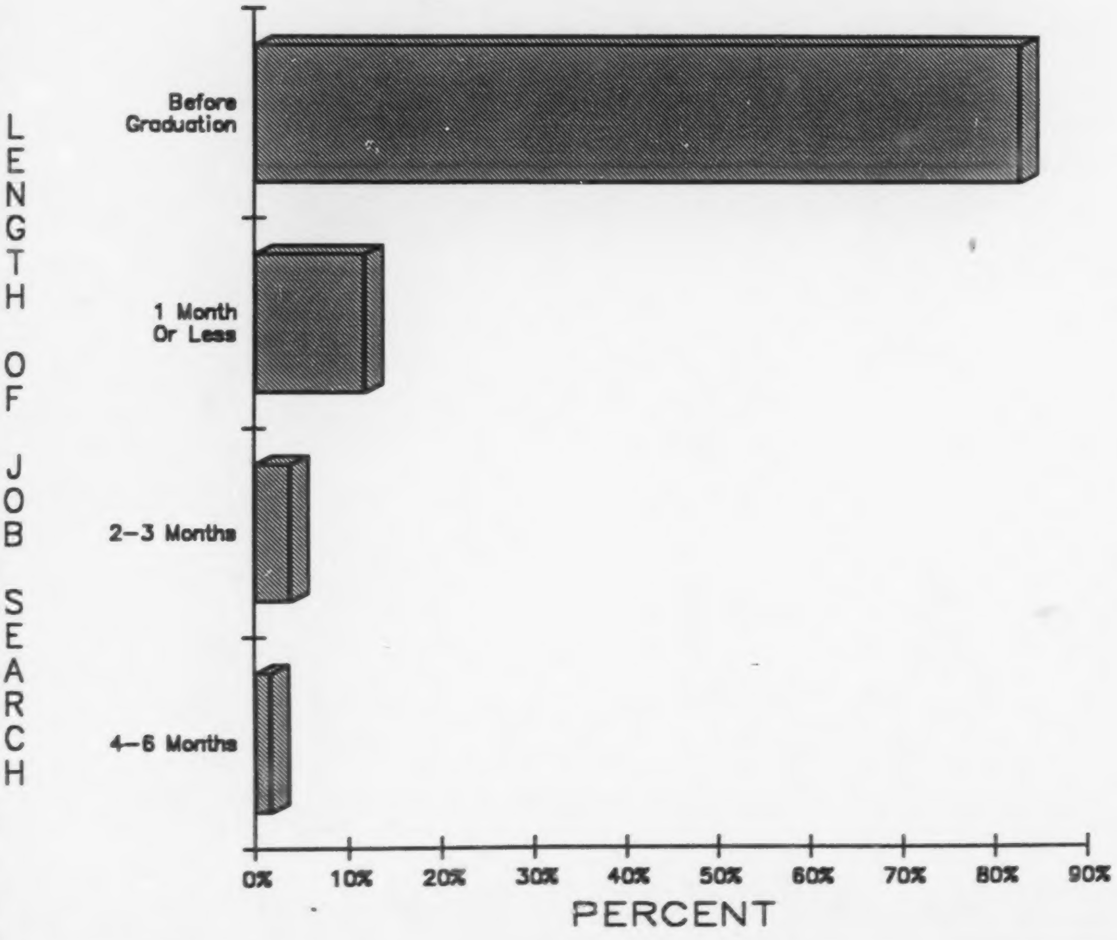
While over one–half (53.9%) stated that "many jobs" were available when they were job–hunting, this is the lowest percentage reporting "many jobs" of the nine U.S. census regions.



NUMBER OF JOBS AVAILABLE

LENGTH OF JOB SEARCH OF NEWLY LICENSED NURSES, 1990

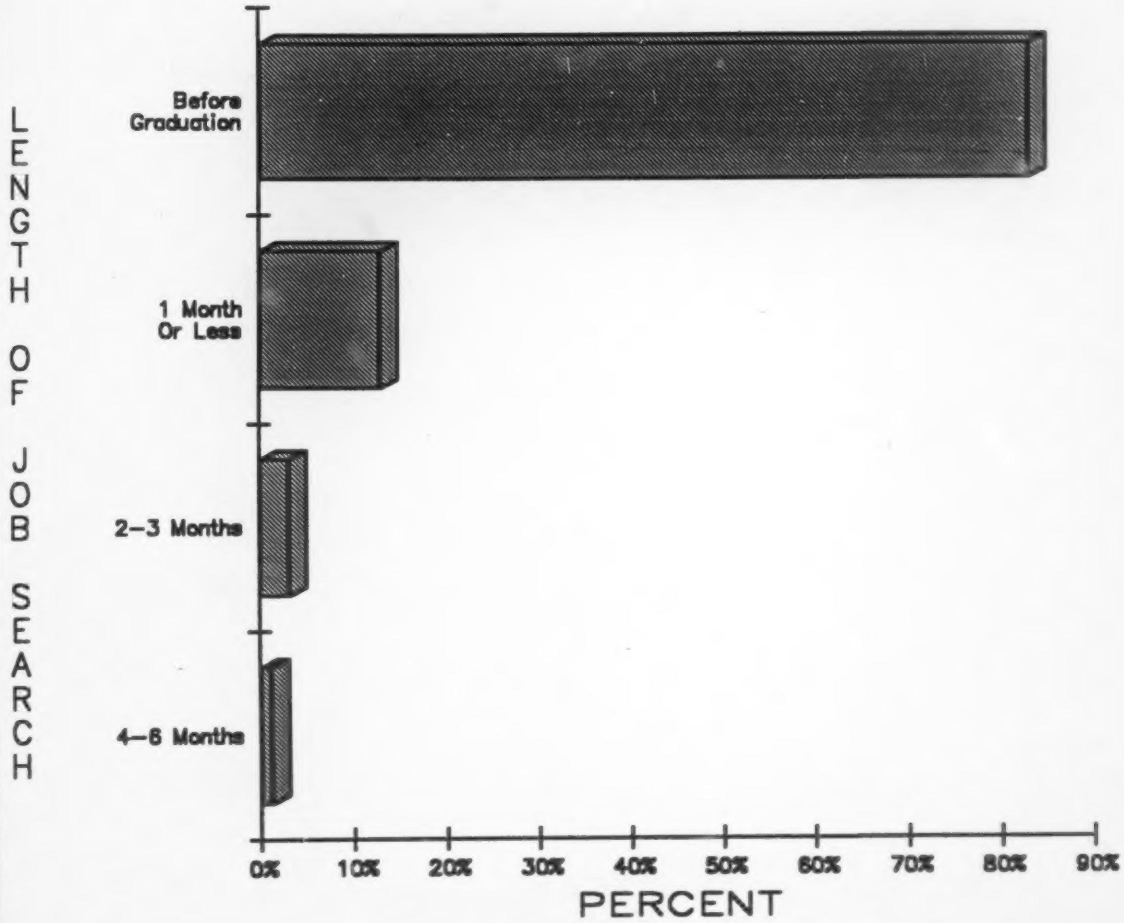
Demand for new RNs is high. Over 90% found jobs either before or within one month of graduation.



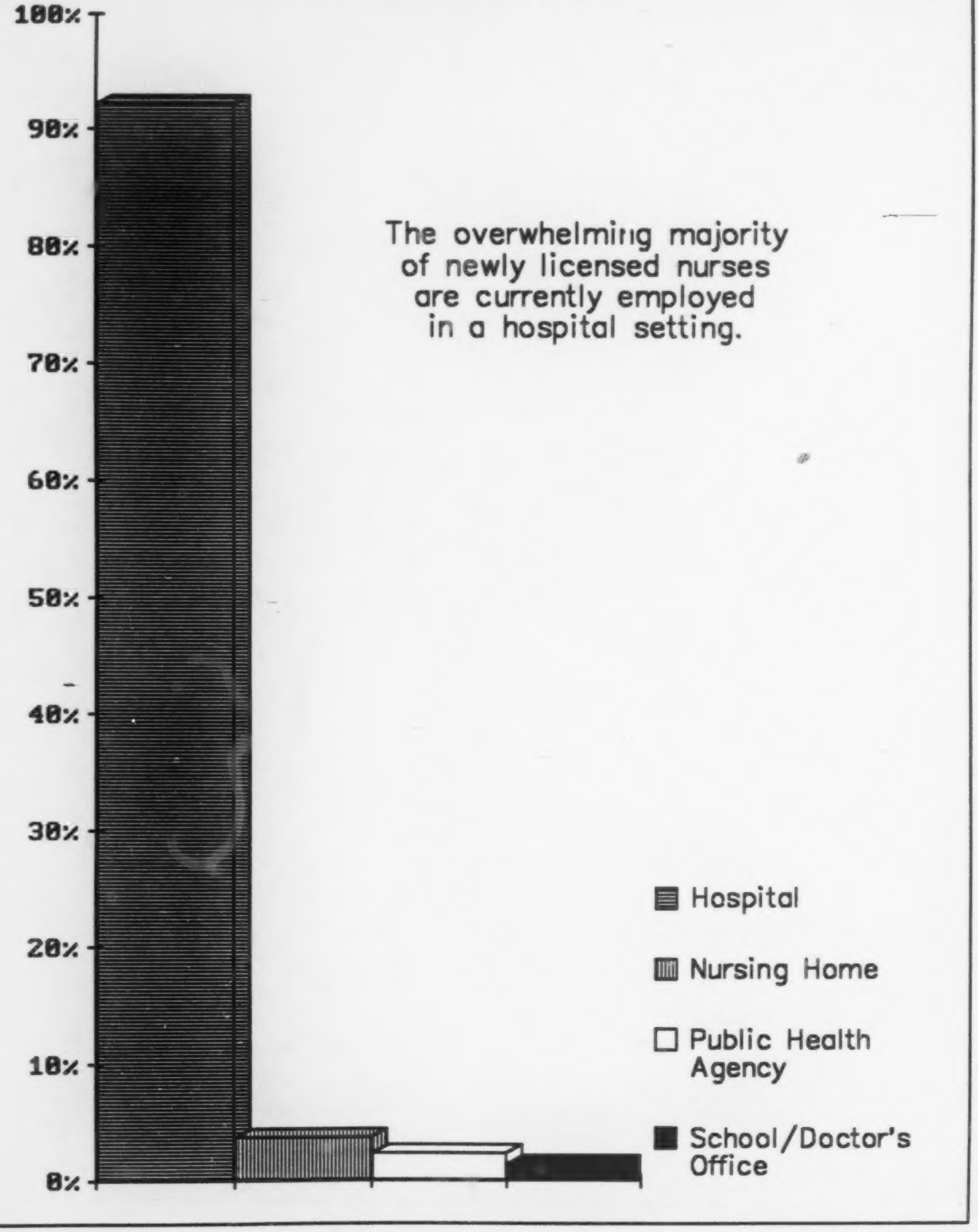
LENGTH OF JOB SEARCH OF NEWLY LICENSED NURSES, 1990

Mountain Region

Demand for new RNs is high. Almost 83% found jobs before graduation.



EMPLOYMENT SETTINGS OF NEWLY LICENSED NURSES, 1990



The overwhelming majority
of newly licensed nurses
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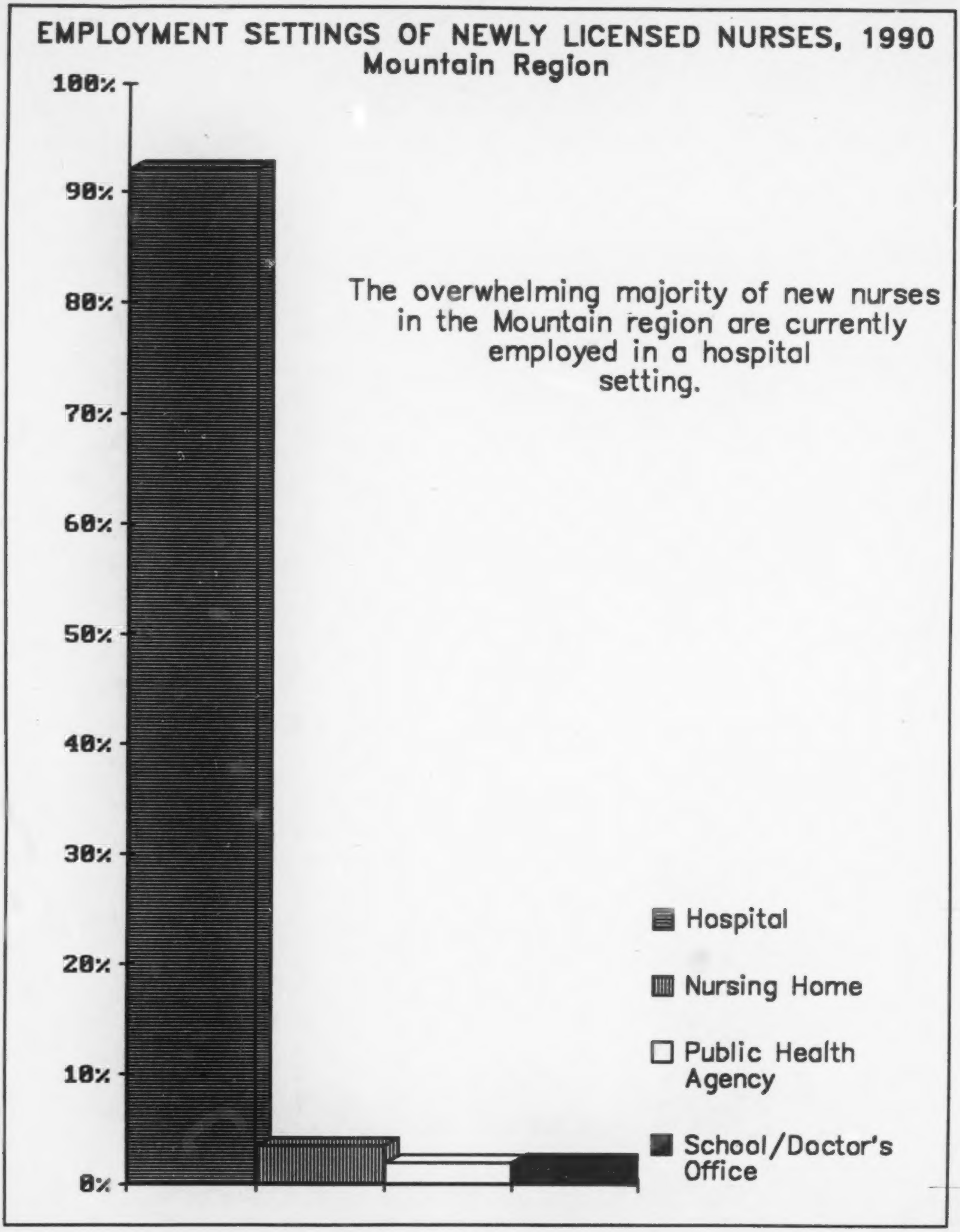
in a hospital setting.

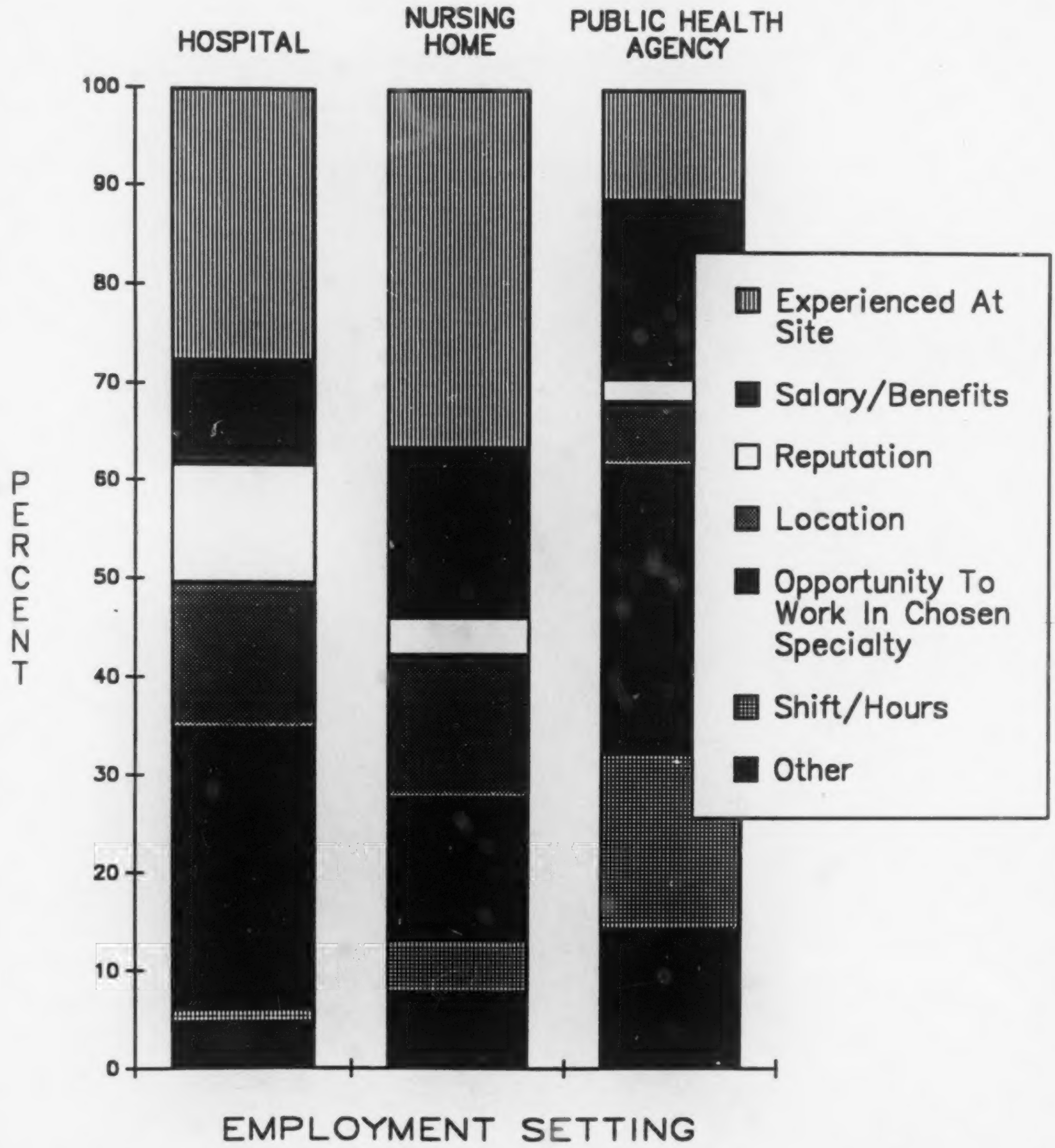


EMPLOYMENT SETTINGS OF NEWLY LICENSED NURSES, 1990
Mountain Region

The overwhelming majority of new nurses in the Mountain region are currently employed in a hospital setting.

REASONS FOR CHOOSING CURRENT POSITION BY EMPLOYMENT SETTING, 1990

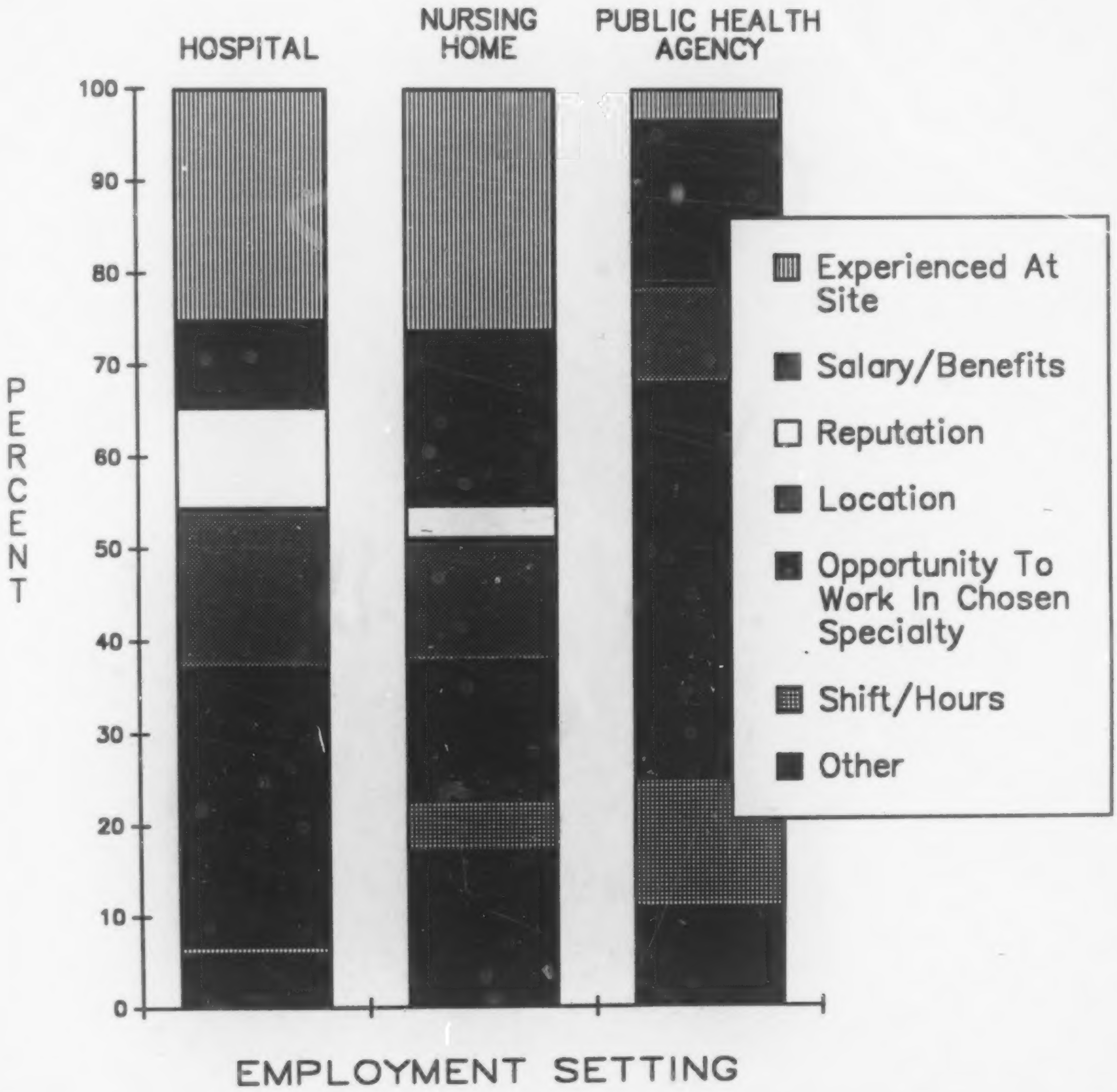
A plurality of new RNs in hospitals and public health agencies chose their position to work in their chosen specialty. Those working in nursing homes chose their position because of prior experience at the site.



REASONS FOR CHOOSING CURRENT POSITION BY EMPLOYMENT SETTING, 1990

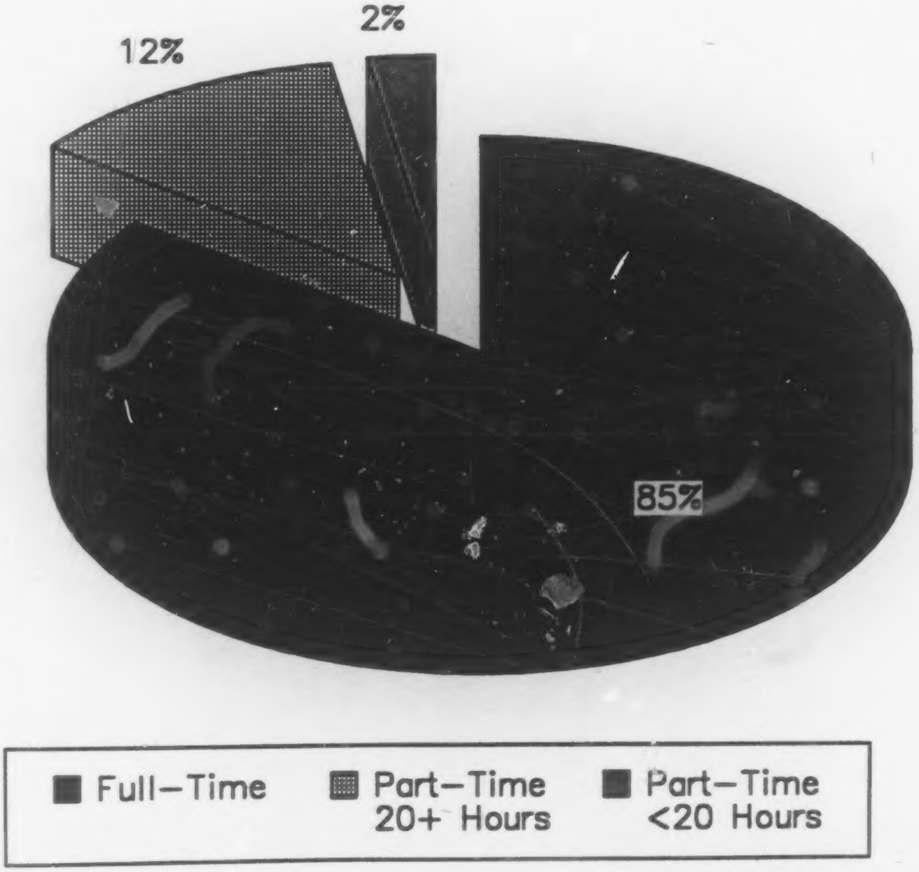
Mountain Region

The most frequently cited reasons for job selection are "opportunity to work in chosen specialty" and "prior experience in institution".



ACTIVITY STATUS OF NEWLY LICENSED NURSES, 1990

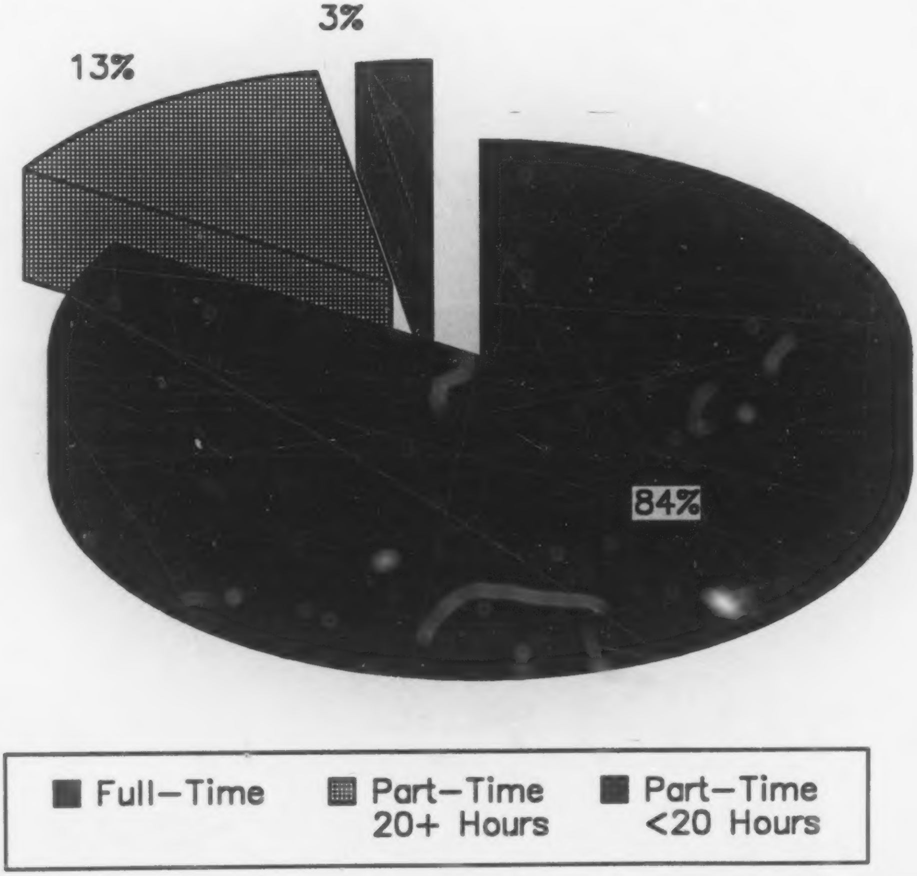
A great majority of new RNs work full–time. Only 2% work less than 20 hours per week.



ACTIVITY STATUS OF NEWLY LICENSED NURSES, 1990

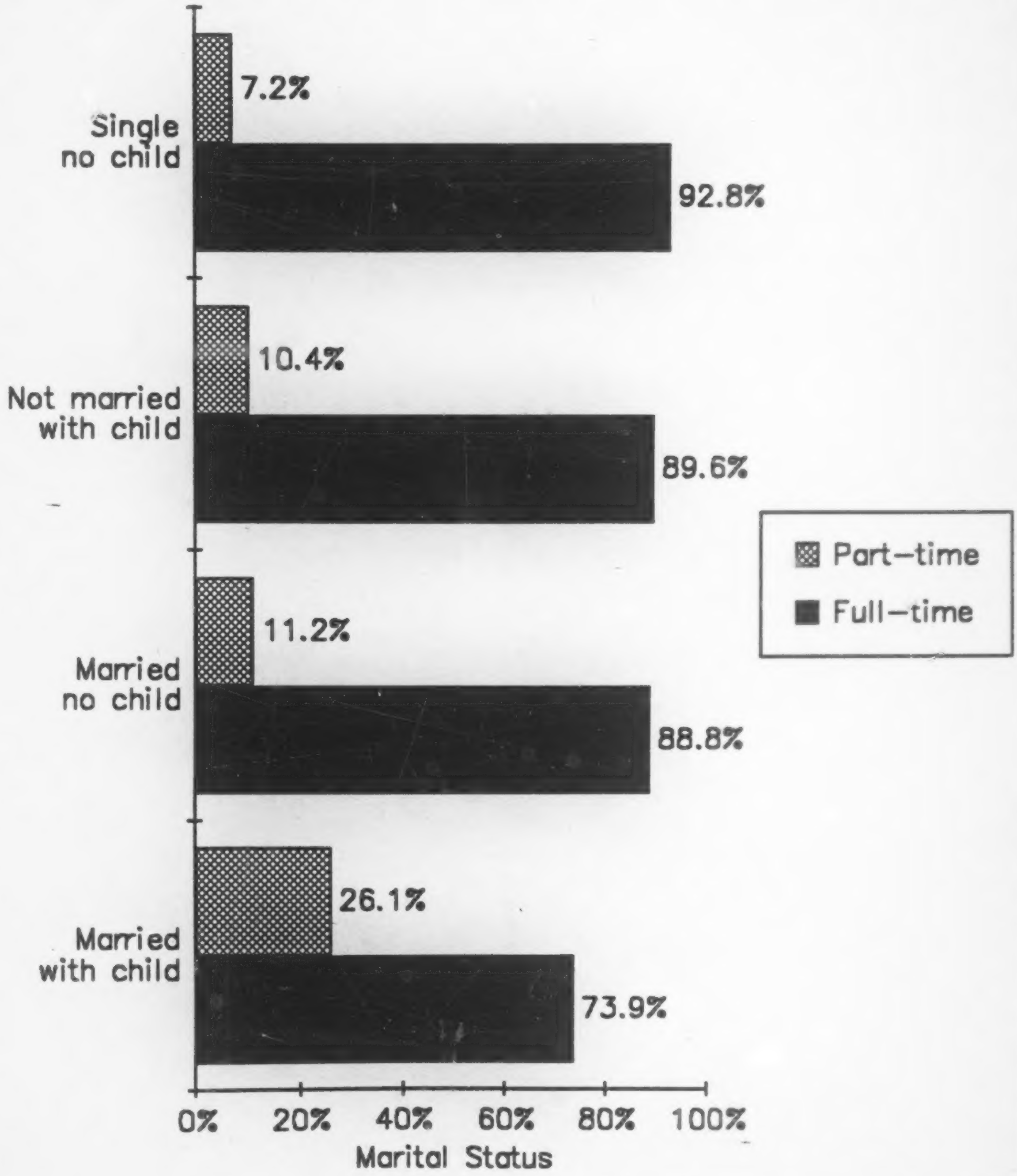
Mountain Region

Over 80% of new RNs in the Mountain region work full–time.



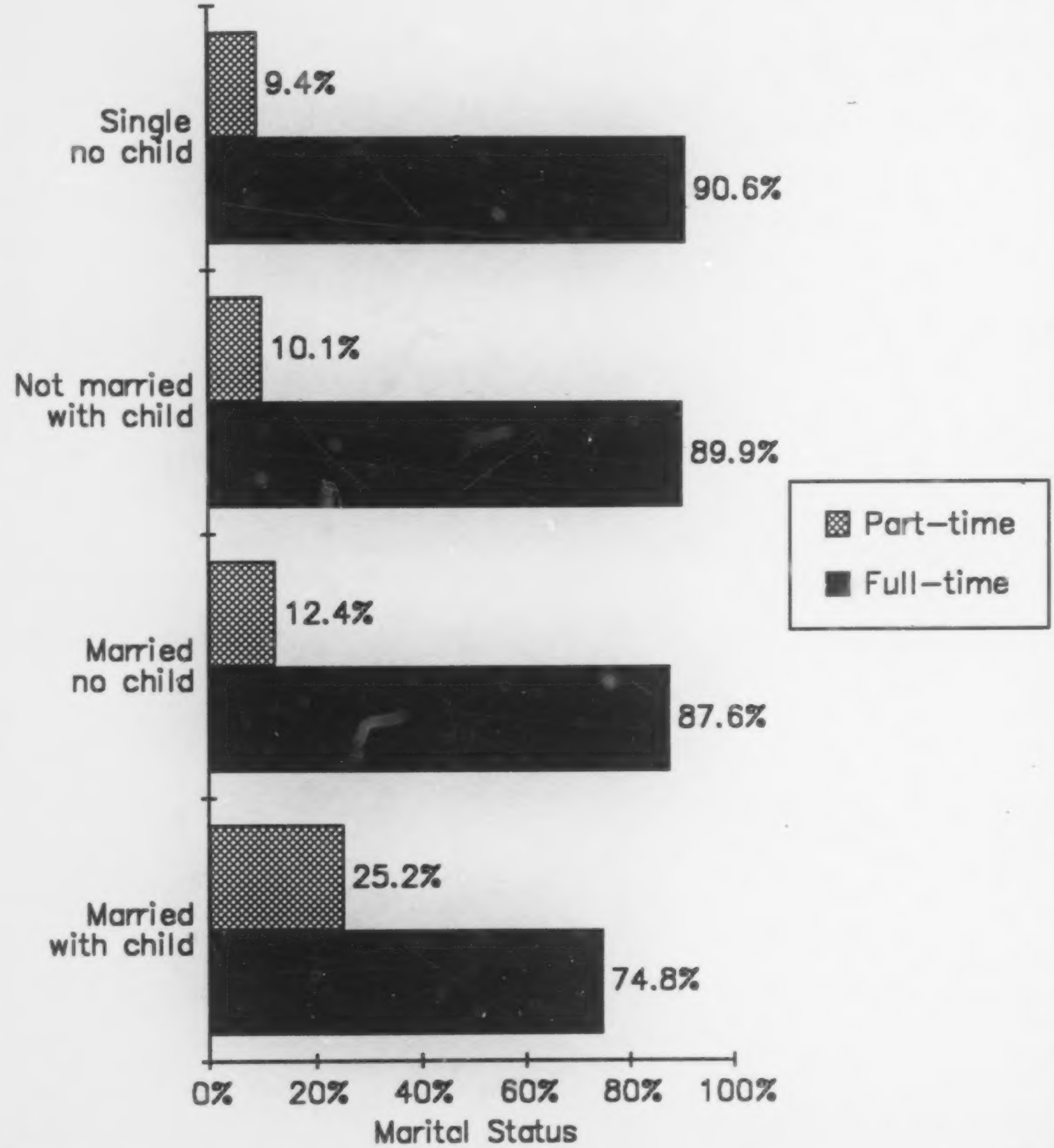
Activity Status of Newly Licensed Nurses by Marital Status

A large majority of new nurses work full–time.



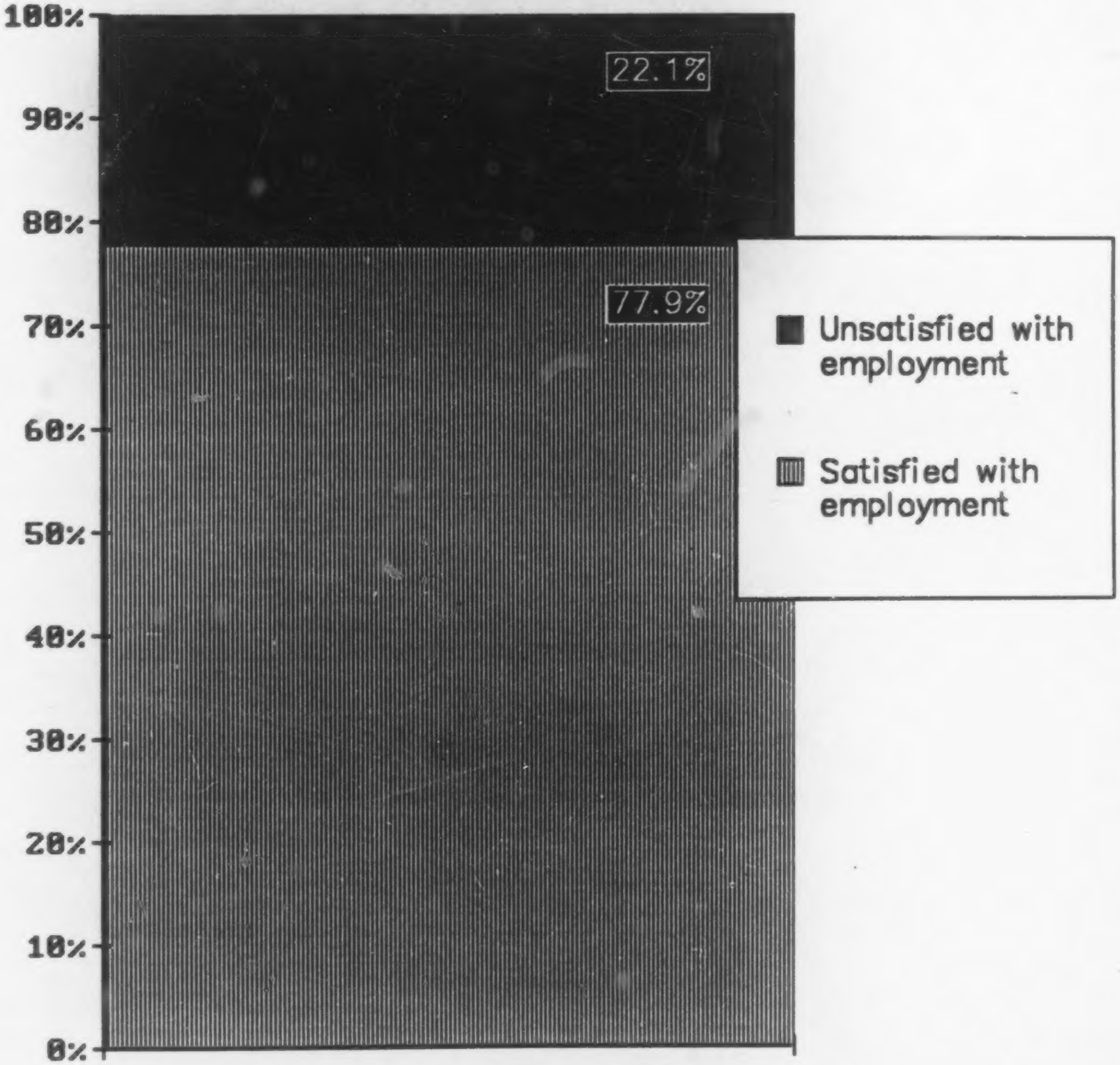
Activity Status of Newly Licensed Nurses by Marital Status Mountain Region

A large majority of new nurses work full-time.



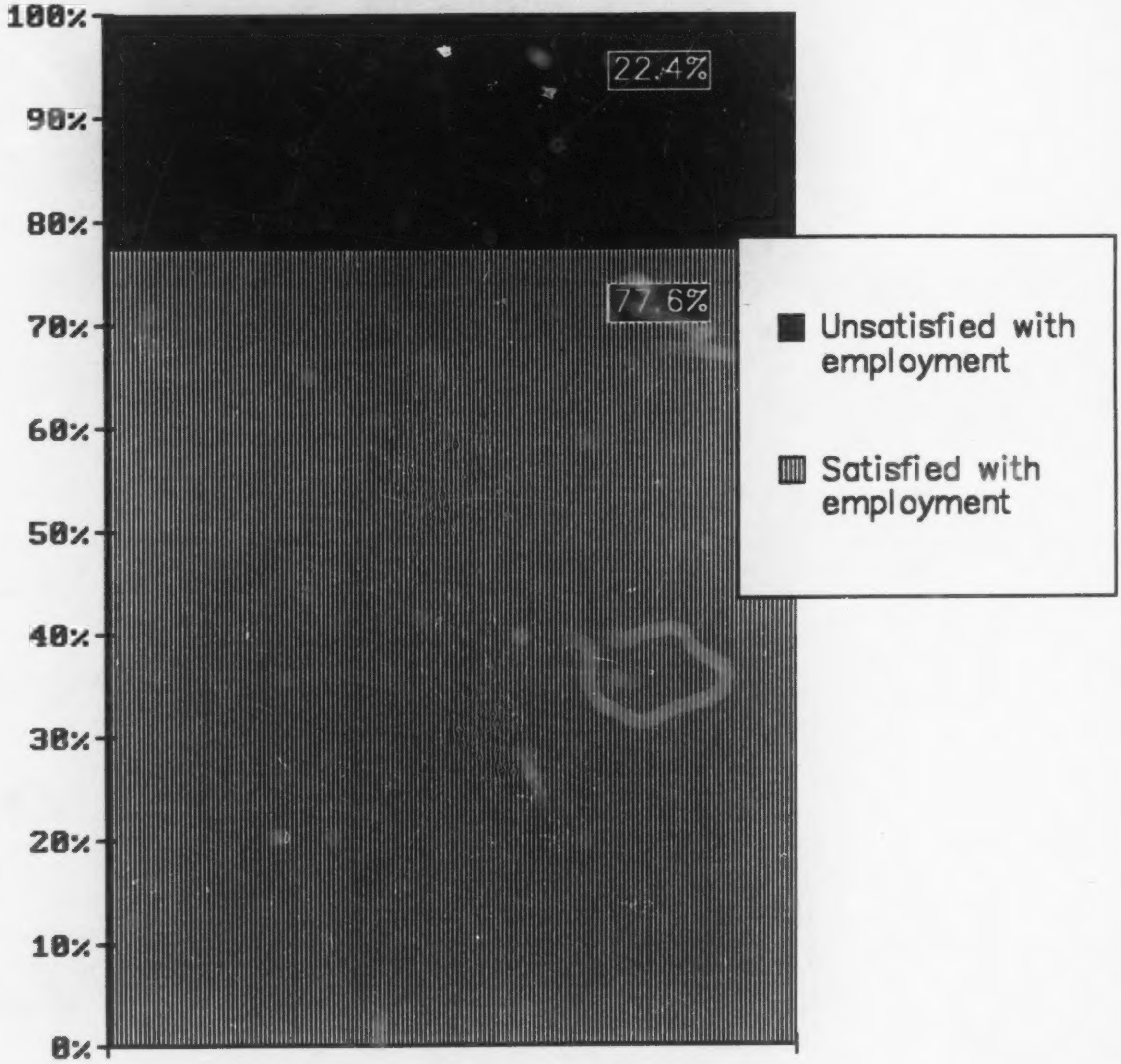
EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES

A high proportion of new nurses (77.9%) are satisfied with their employment



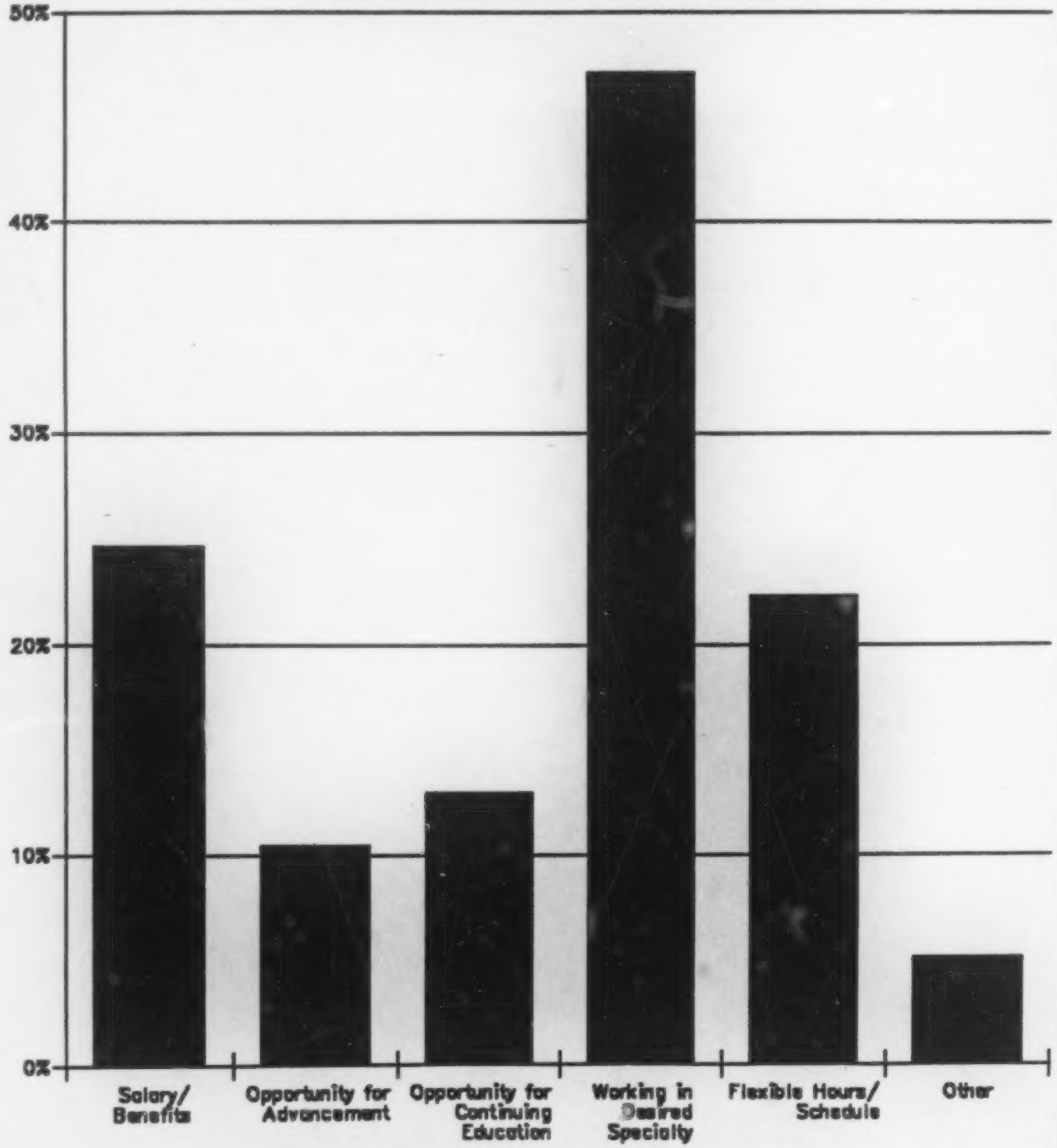
EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES
Mountain Region

A high proportion of new nurses (77.6%) are satisfied with their employment in the Mountain region.



MAIN SOURCE OF JOB SATISFACTION OF NEWLY LICENSED NURSES, 1990

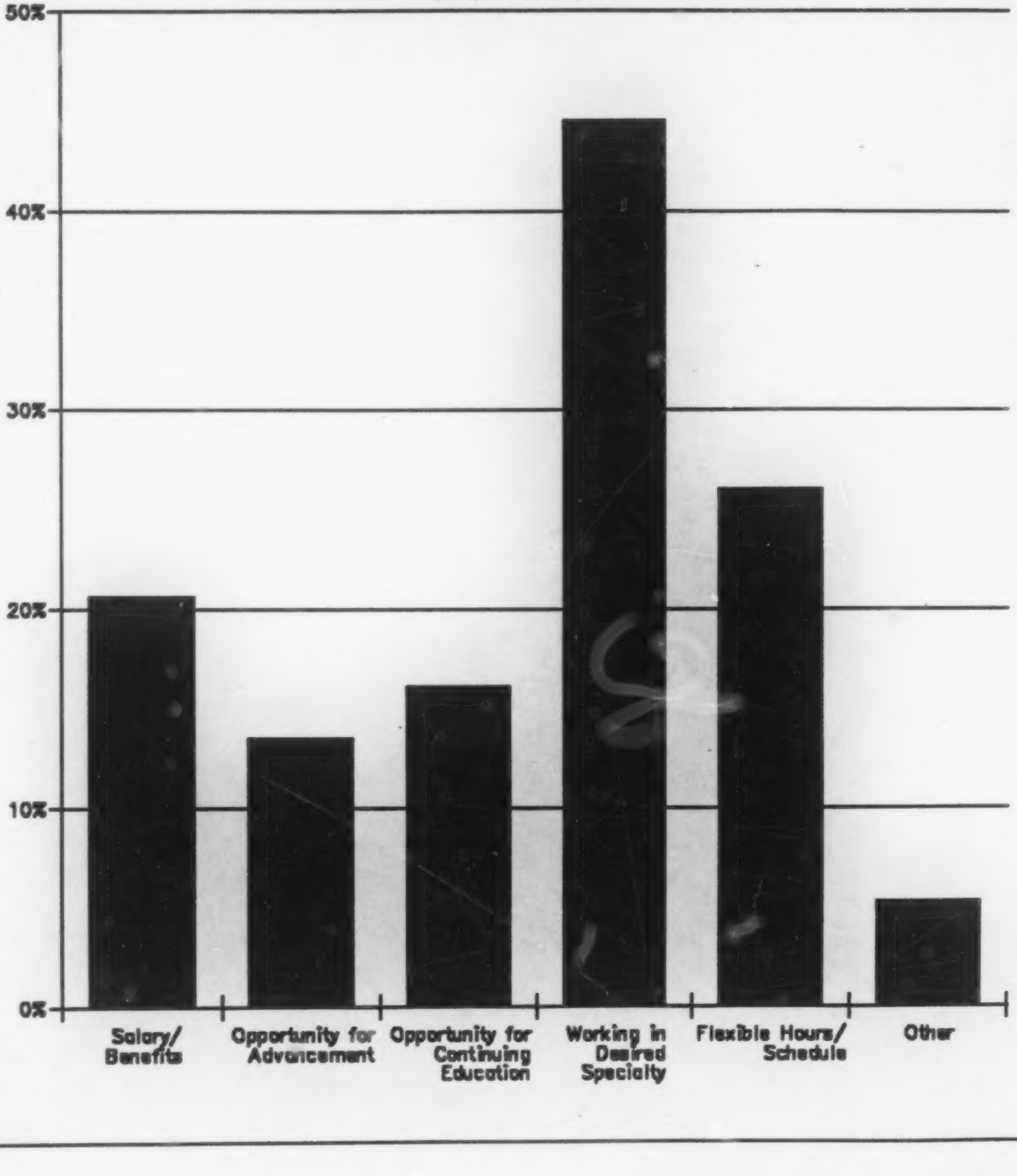
Respondents most often cited "working
in desired specialty" as their
main source of satisfaction.



*Multiple responses were allowed for this question. Therefore, the sum of all responses will be greater than 100 percent.

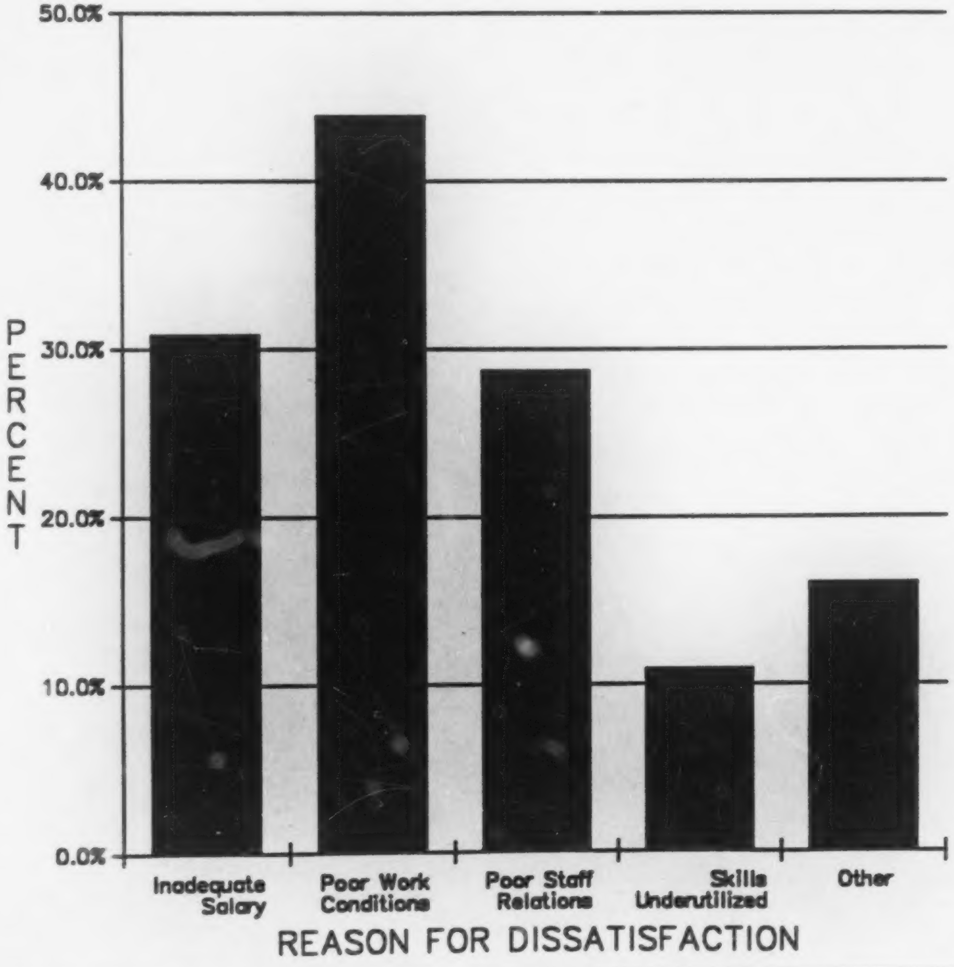
MAIN SOURCE OF JOB SATISFACTION OF NEWLY LICENSED NURSES, 1990
Mountain Region

Respondents most often cited "working in desired specialty" as their main source of satisfaction. "Flexible hours/schedule" was second in popularity.



MAIN SOURCE OF JOB DISSATISFACTION BY NEWLY LICENSED NURSES

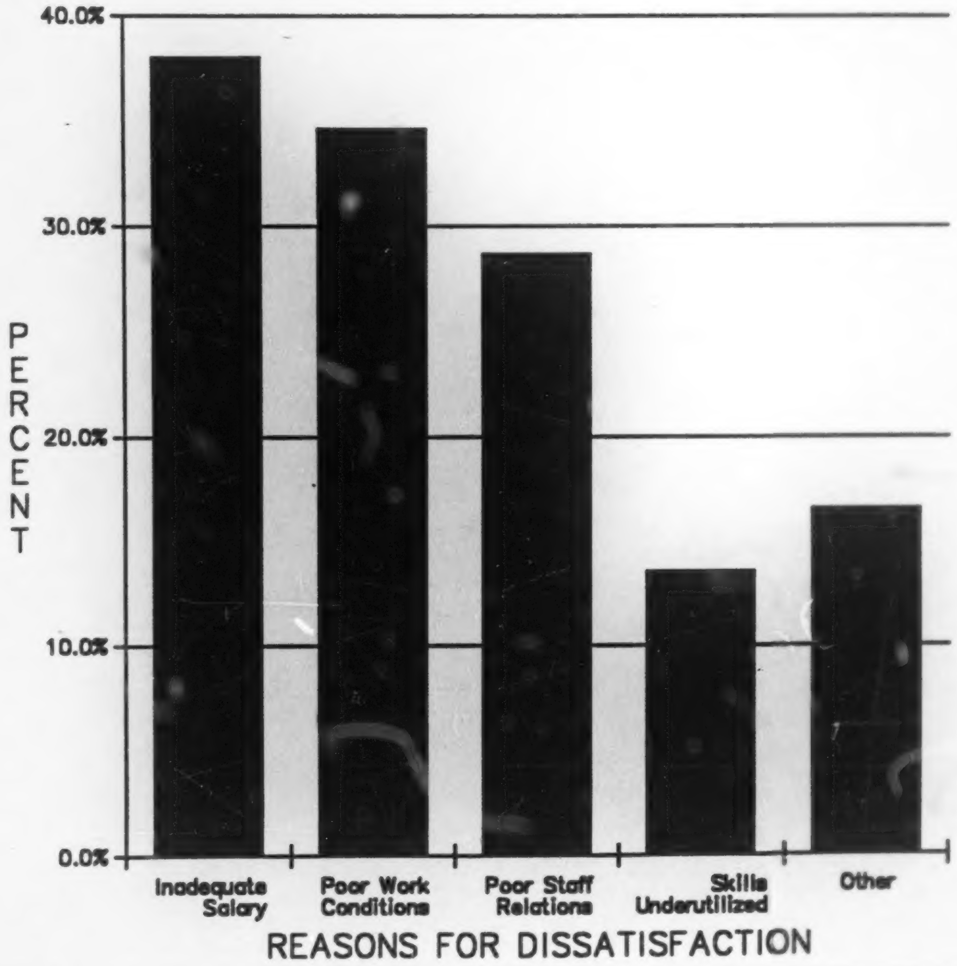
"Poor working conditions" was most often cited as a source of job dissatisfaction, followed by "inadequate salary" and "poor staff relations."



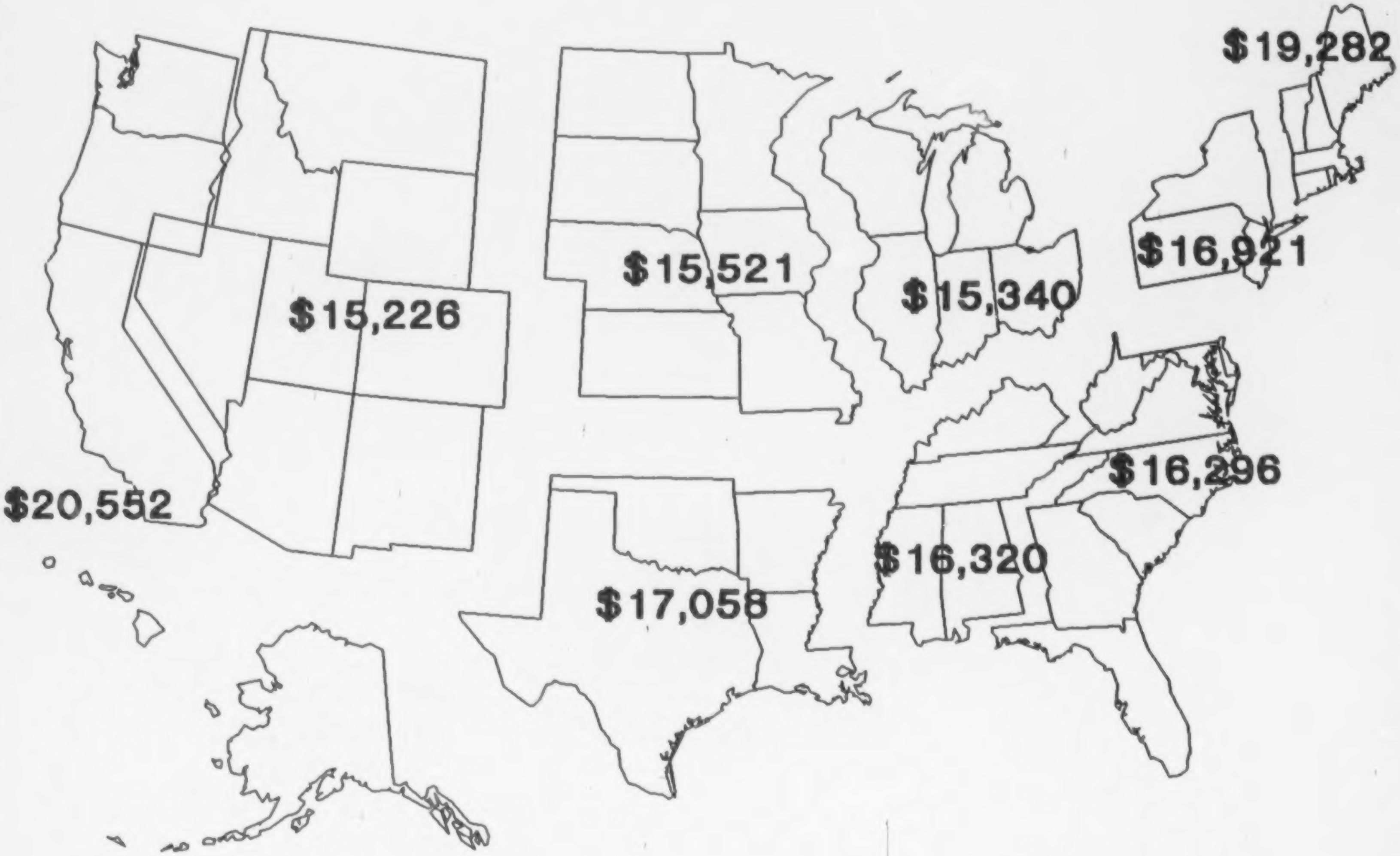
MAIN SOURCE OF JOB DISSATISFACTION AMONG NEWLY LICENSED NURSES, 1990

Mountain Region

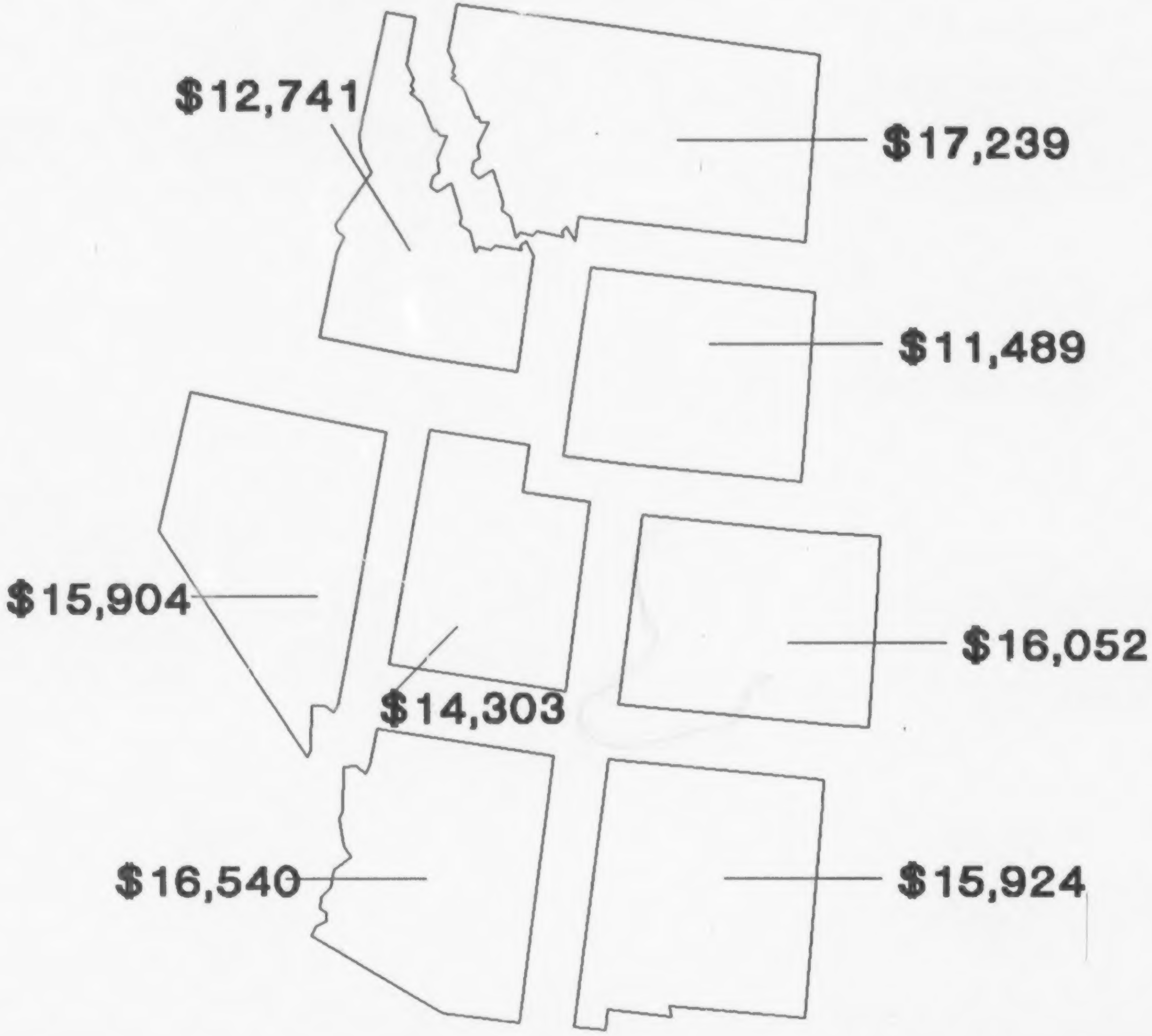
"Inadequate salary" was ranked highest as a source of job dissatisfaction. "Poor working conditions" ranked second and "poor staff relations" third.



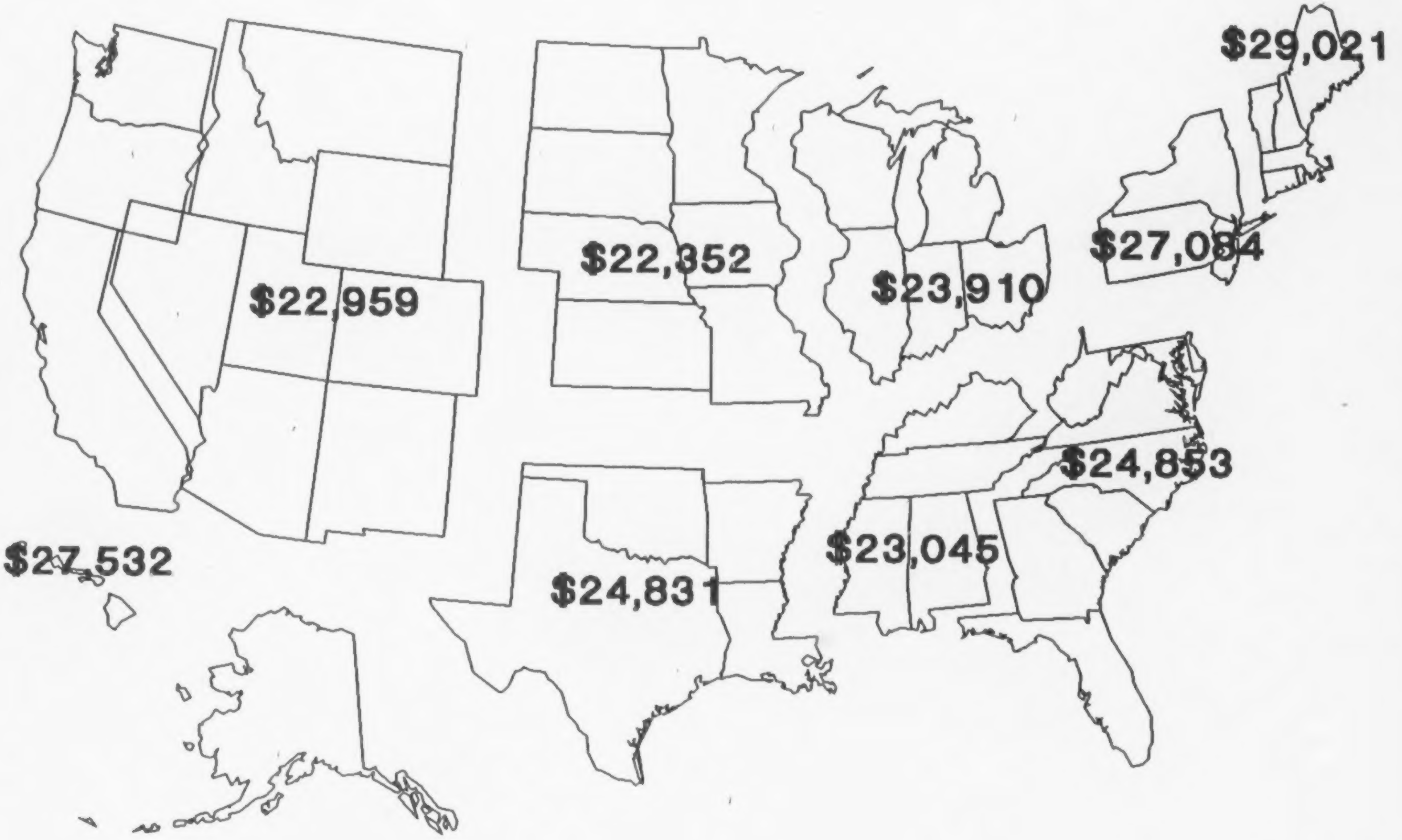
Mean Part-Time Salaries


$19,282
$16,921
$15,521
$15,340
$15,226
$16,296
$20,552
$16,320
$17,058

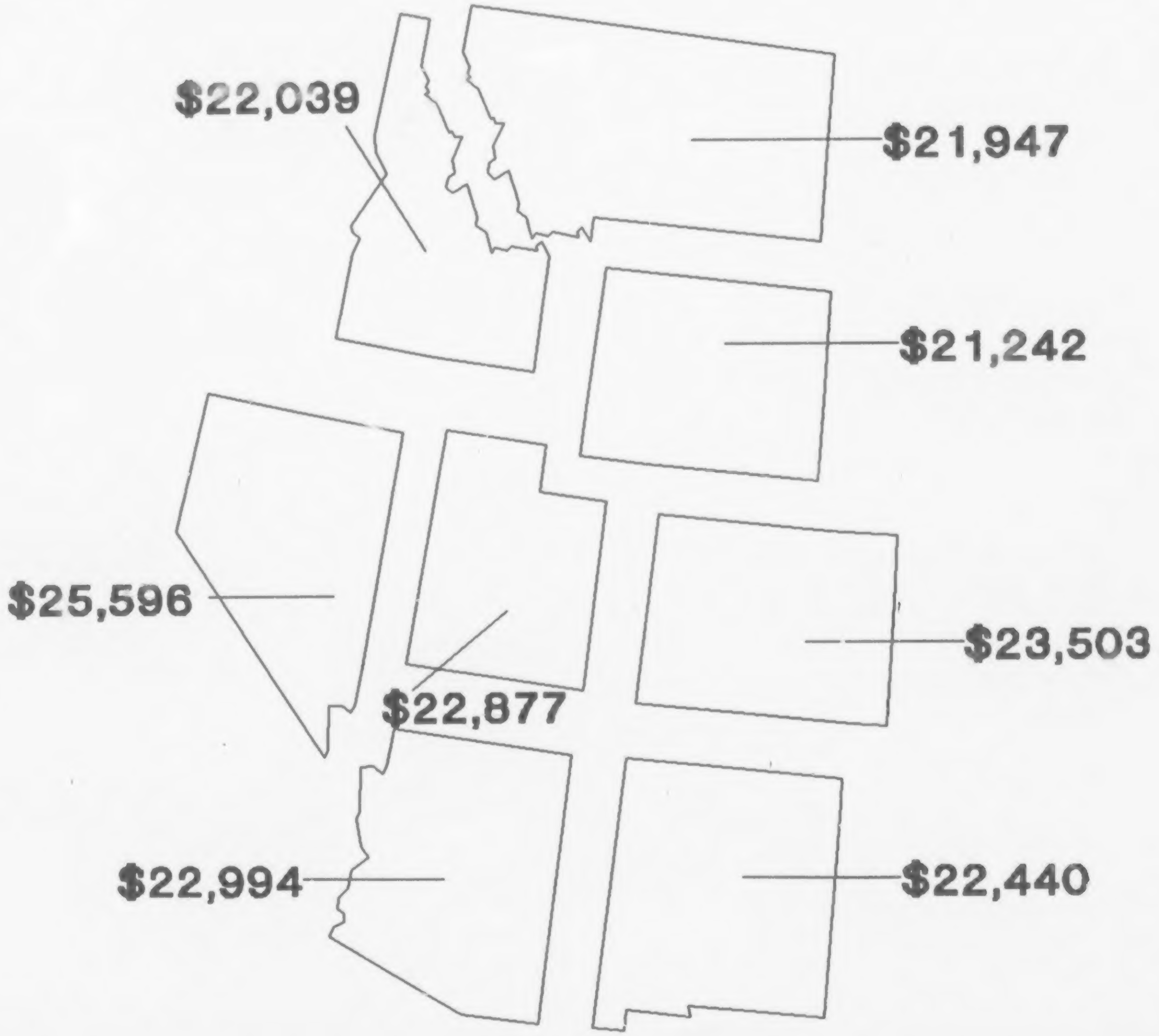
Mean Part-time Salaries
Mountain Region

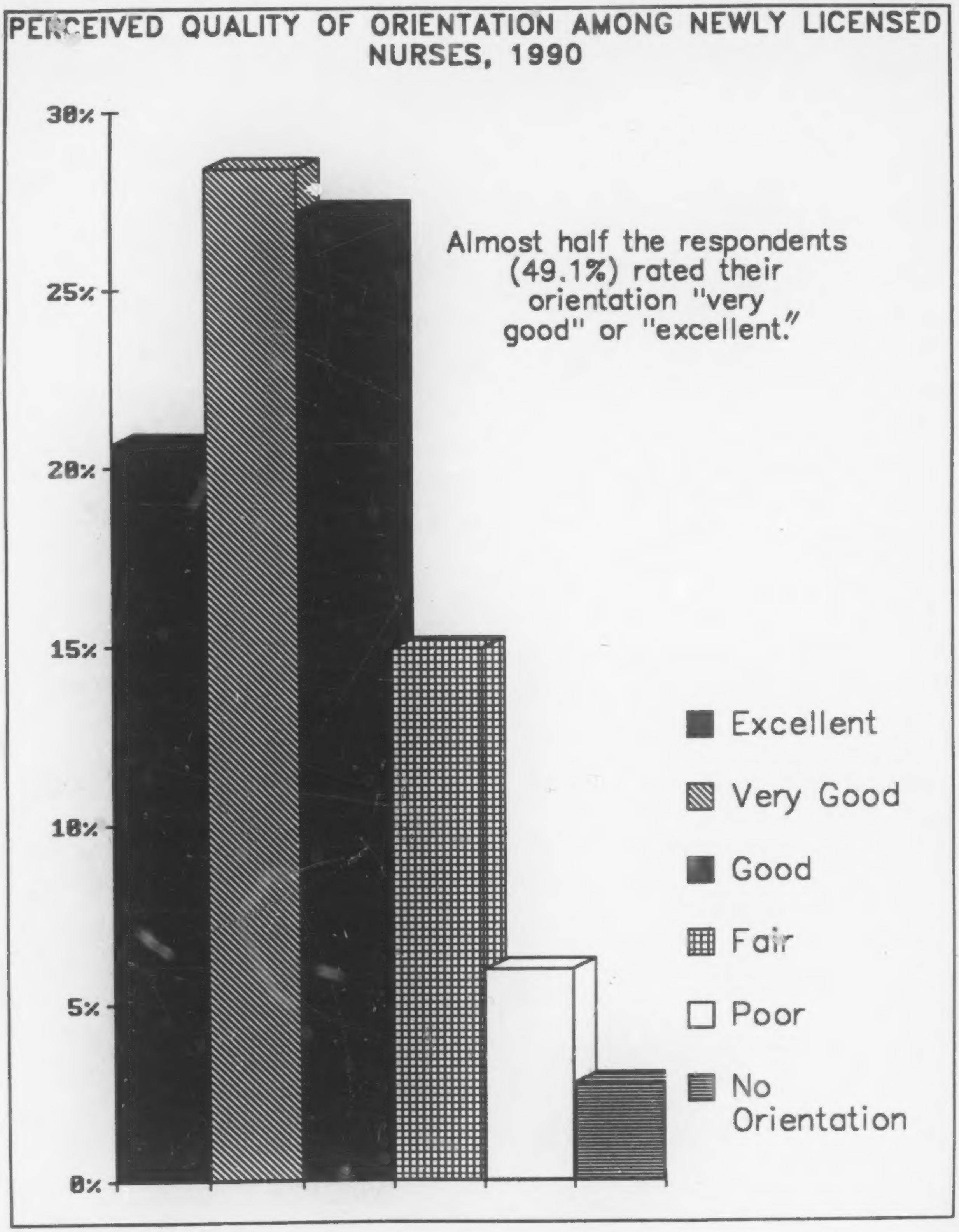

$12,741
$17,239
$11,489
$15,904
$14,303
$16,052
$16,540
$15,924

Mean Full-time Salaries


$29,021
$27,084
$22,352
$23,910
$22,959
$24,853
$23,045
$27,532
$24,831

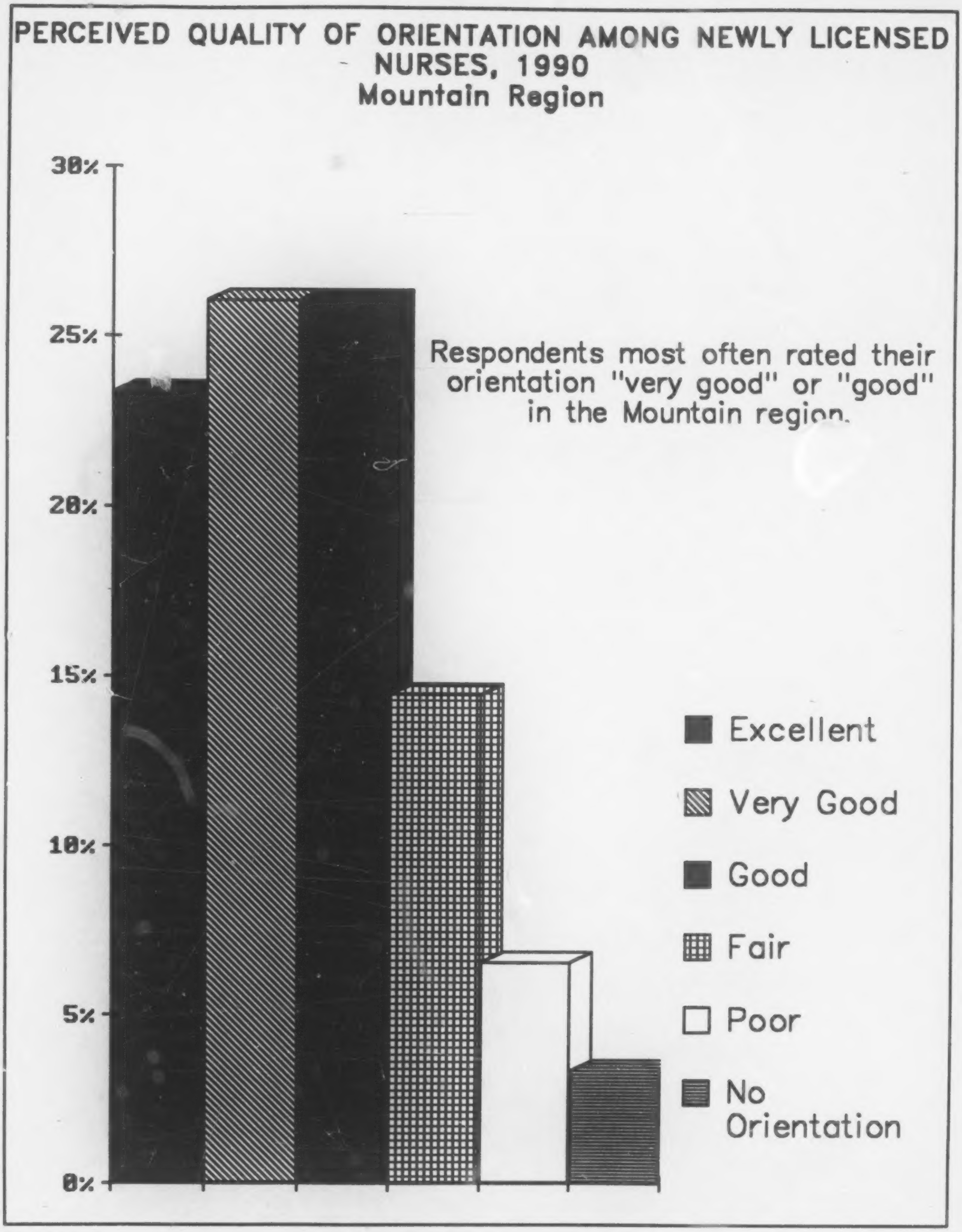
Mean Full-time Salaries
Mountain Region


$22,039
$21,947
$21,242
$25,596
$22,877
$23,503
$22,994
$22,440



PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES, 1990

Almost half the respondents (49.1%) rated their orientation "very good" or "excellent."

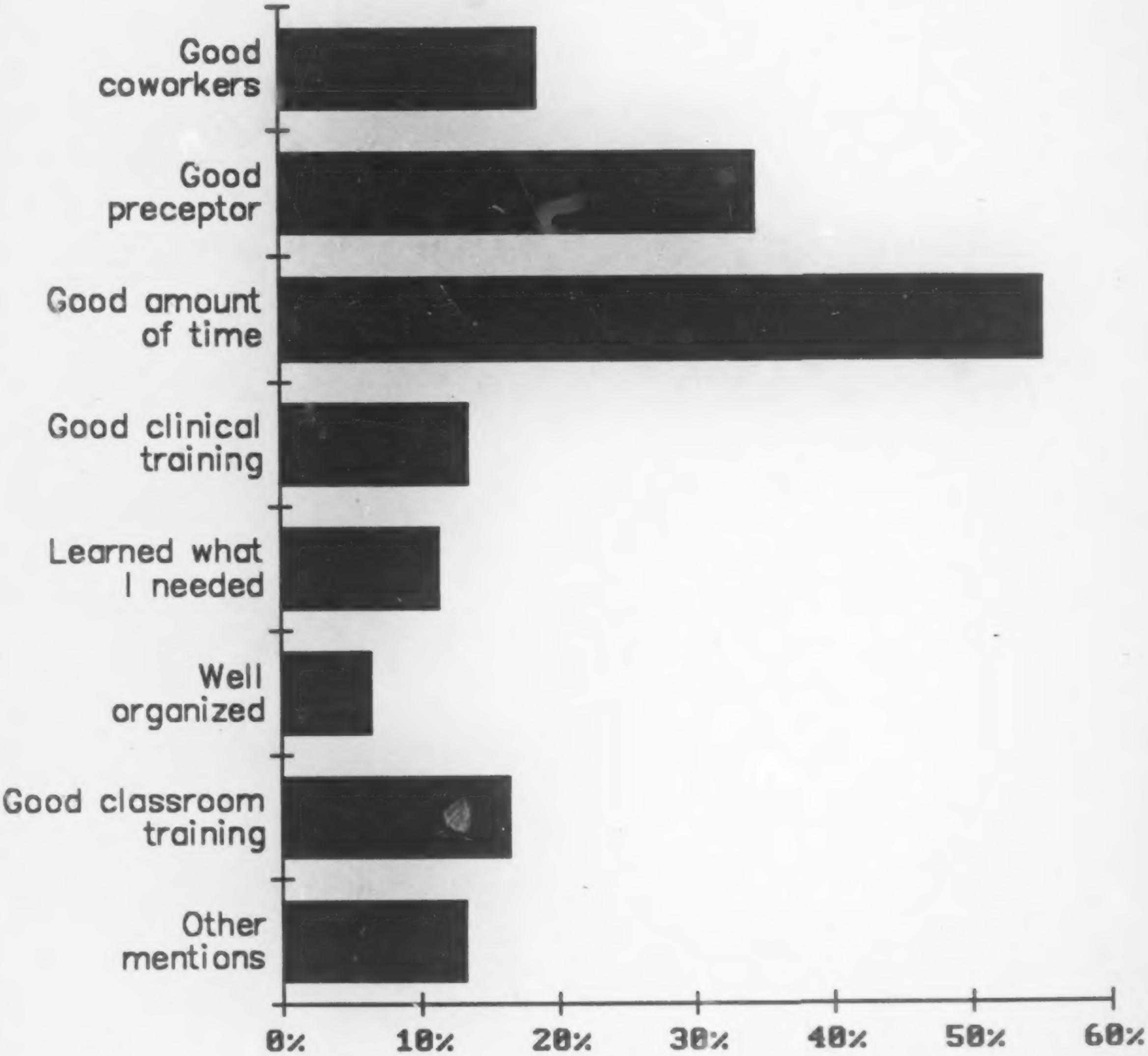


PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES, 1990
Mountain Region

Respondents most often rated their orientation "very good" or "good" in the Mountain region.

*Positive Evaluation of Orientations Among Newly Licensed Nurses

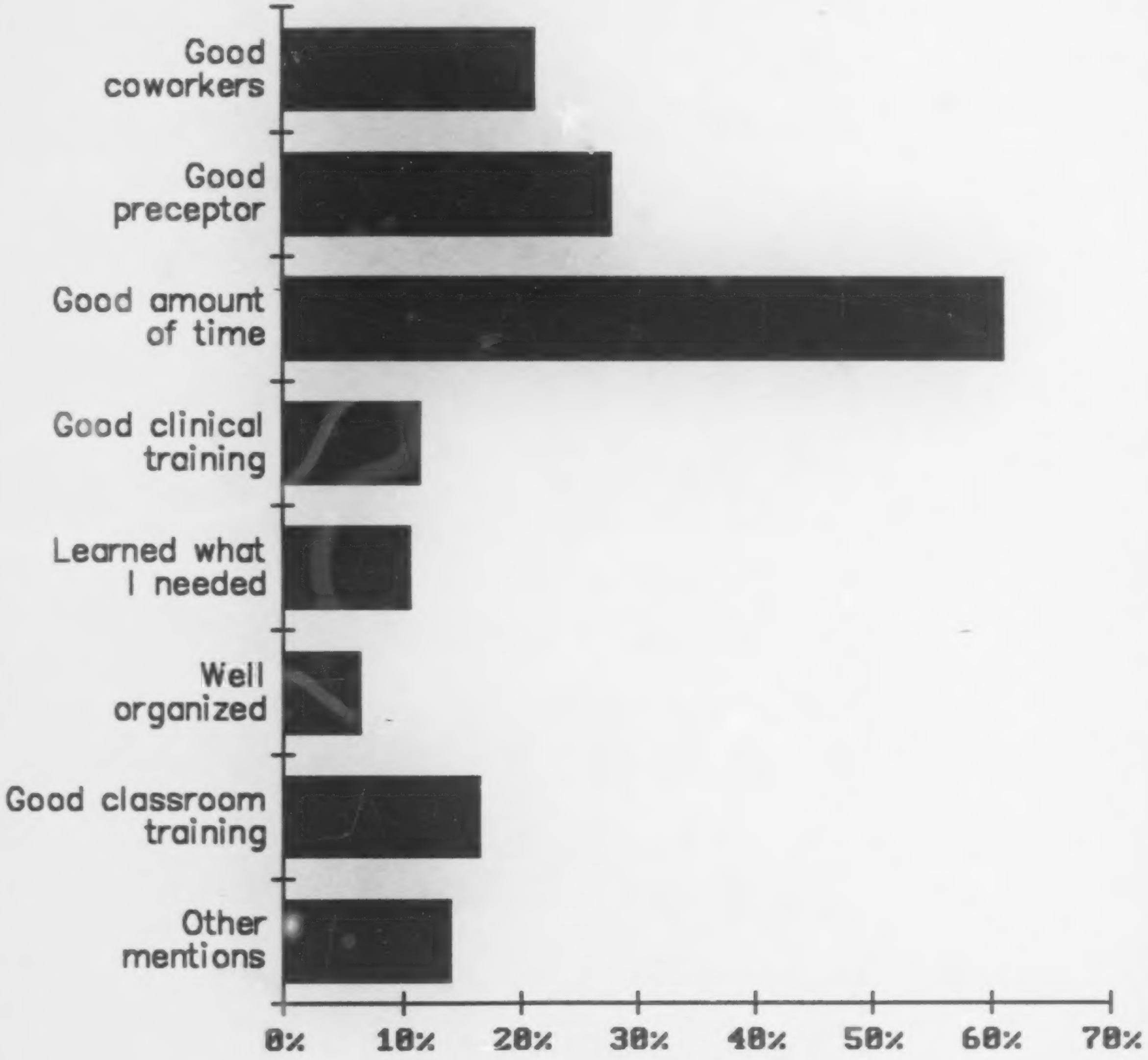
New nurses most often cited "good amount of time" as a reason for their positive evaluation.



*Multiple responses were allowed for this question. Therefore, the sum of all responses will be greater than 100 percent.
*Positive = excellent and very good.

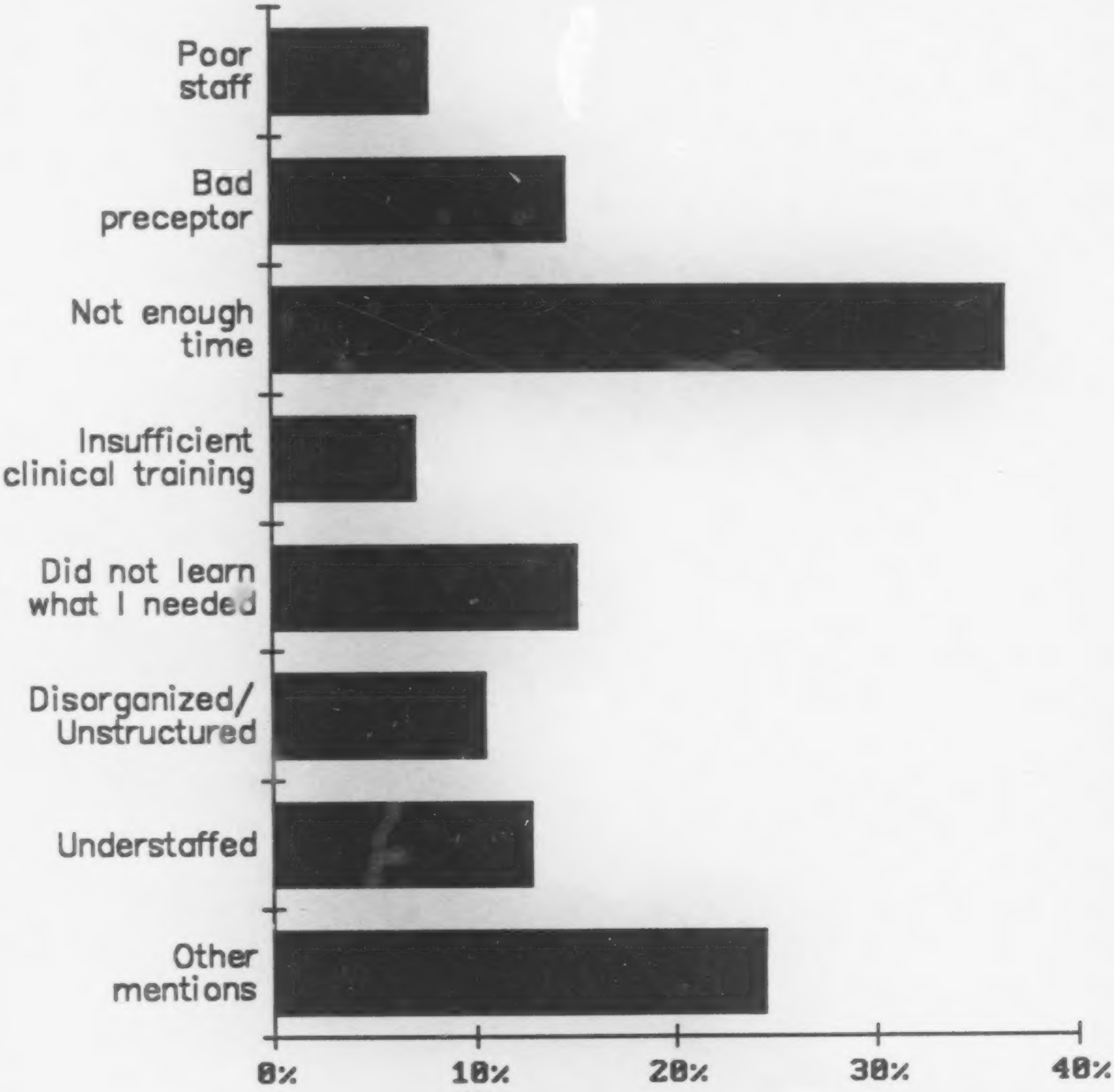
Positive Evaluation of Orientations Among Newly Licensed Nurses
Mountain Region

New nurses most often cited "good amount of time" as a reason for their positive evaluation.



*Neutral or Negative Evaluation of Orientations Among Newly Licensed Nurses

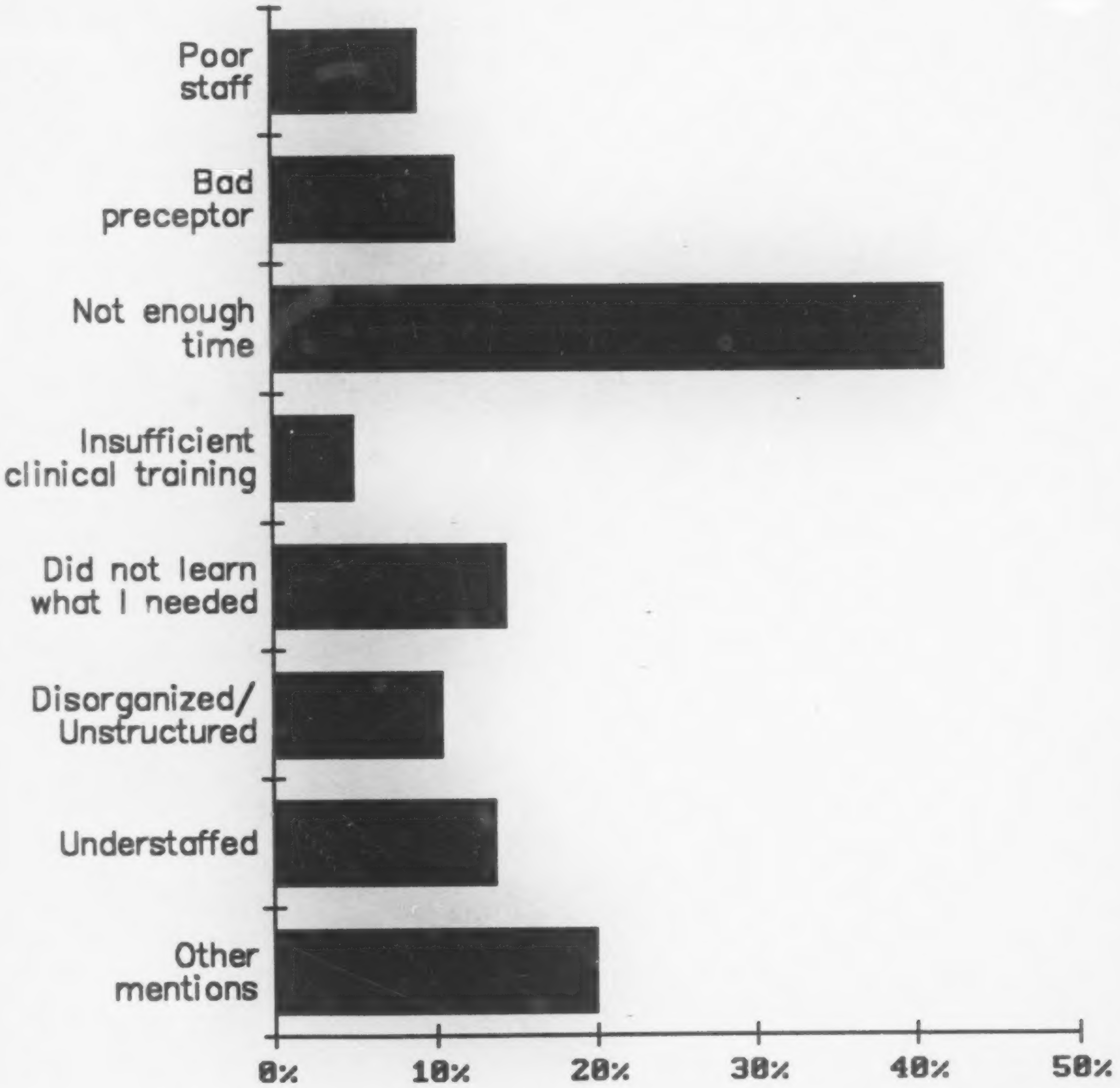
New nurses most often cited "not enough time" as a reason for their neutral or negative evaluation.



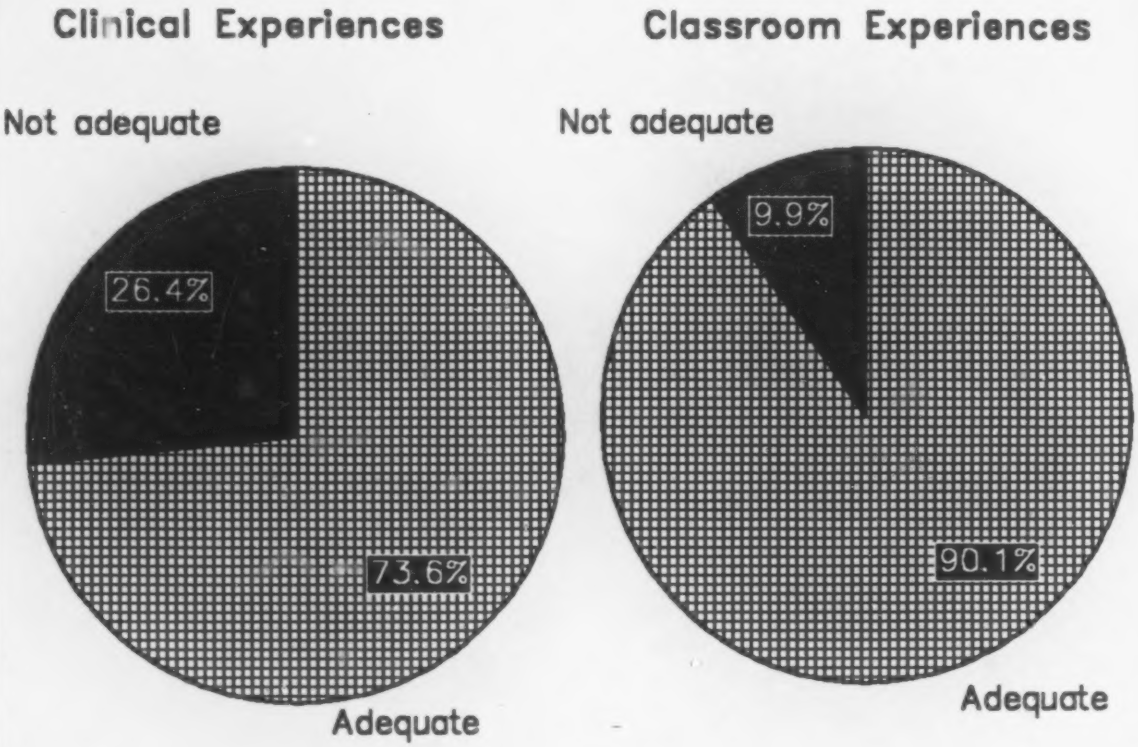
*Multiple responses were allowed for this question. Therefore, the sum of all responses will be greater than 100 percent.
*Neutral or negative = good, fair or poor.

Neutral or Negative Evaluation of Orientations Among Newly Licensed Nurses
Mountain Region

New nurses most often cited "not enough time" as a reason for their neutral or negative evaluation.



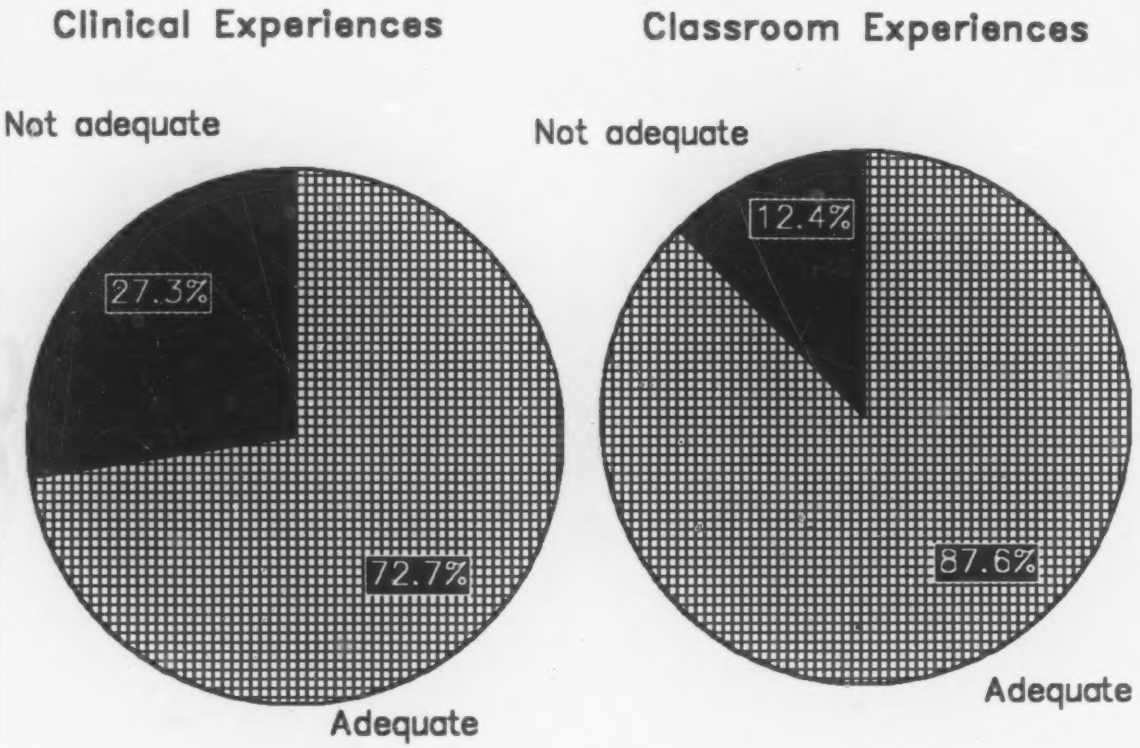
PERCEIVED ADEQUACY OF NURSING EDUCATION AMONG NEWLY LICENSED NURSES, 1990



Almost three–quarters of newly licensed nurses felt their clinical experiences were adequate for their current job. A larger 90% felt their classroom experiences were adequate.

PERCEIVED ADEQUACY OF NURSING EDUCATION AMONG NEWLY LICENSED NURSES, 1990

Mountain Region



Clinical experiences received a lower approval rating (73%) than classroom experiences (88%).

Section 3
CMSA Analysis: Numeric Tables

Analysis of Consolidated Metropolitan Statistical Areas

American society is increasingly centralized around the major urban cities—New York, Los Angeles, Chicago, and Houston. Health care services, particularly hospitals, are also concentrated within metropolitan areas. This special analysis of newly licensed nurses in what the Census Bureau terms Consolidated Metropolitan Statistical Areas (CMSAs), has been provided to assist health care executives in gaining a better understanding of the trends in America's largest cities. Great variation exists among the different regions of the country in relation to the demographic and employment characteristics of the nation's newly licensed nurses. Similarly, the unique financial and demographic circumstances within each metropolitan area result in vastly different local economies and labor forces.

A selected group of tables has been designed to highlight some of the differences among the various CMSAs. Keep in mind that the upcoming figures are based on the responses of those newly licensed nurses currently residing or working in a CMSA *only* and represent approximately one-quarter of the total cohort of new RNs. For a fuller and more meaningful understanding of the trends, these CMSA data may be compared with the national and regional figures presented in the earlier sections of this report.

Table CMSA-1
NUMBER OF NEWLY LICENSED NURSES BY CMSA AND TYPE OF NURSING EDUCATIONAL PROGRAM

			PROGRAM TYPE					
	TOTAL		DIPLOMA		ASSOCIATE DEGREE		BACCALAUREATE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,540	100.0	738	9.8	4,129	54.8	2,673	35.5
BOSTON-LAWRENCE-SALEM	385	100.0	53	13.8	186	48.3	146	37.9
BUFFALO-NIAGARA FALLS	192	100.0	13	6.8	105	54.7	74	38.5
CHICAGO-GARY-LAKE CO	663	100.0	30	4.5	351	52.9	282	42.5
CINCINNATI-HAMILTON	246	100.0	48	19.5	127	51.6	71	28.9
CLEVELAND-AKRON-LORAINE	401	100.0	72	18.0	168	41.9	161	40.1
DALLAS-FORT WORTH	218	100.0			126	57.8	92	42.2
DENVER-BOULDER	156	100.0	3	1.9	90	57.7	63	40.4
DETROIT-ANN ARBOR	583	100.0	23	3.9	344	59.0	216	37.0
HOUSTON-GALVESTON-BROZONA	244	100.0			172	70.5	72	29.5
LA-ANAHEIM-RIVERSIDE	718	100.0	39	5.4	574	79.9	105	14.6
MIAMI-FORT LAUDERDALE	109	100.0	10	9.2	57	52.3	42	38.5
MILWAUKEE-RACINE	167	100.0	13	7.8	66	39.5	88	52.7
NEW YORK-NEW JERSEY	1,275	100.0	147	11.5	658	51.6	470	36.9
PHILA-WILMINGTON-TRENTON	921	100.0	152	16.5	431	46.8	338	36.7
PITTSBURGH-BEAVER VALLEY	472	100.0	131	27.8	190	40.3	151	32.0
PORTLAND-VANCOUVER	158	100.0			80	50.6	78	49.4
SF-OAKLAND-SAN JOSE	424	100.0	3	.7	282	66.5	139	32.8
SEATTLE-TACOMA	208	100.0	1	.5	122	58.7	85	40.9

Table 1: Number of Newly Licensed Nurses by CMSA and Type of Nursing Education

A majority (54.8%) of new RNs residing in a CMSA graduated from an associate degree program. More than a third prepared at the baccalaureate level and about 10% received diplomas. As a group, new RNs living in cities are *less* likely to have studied at the ADN level when compared to the rest of the newly licensed nurse cohort.

The greatest proportion of diploma graduates are situated in the Pittsburgh area and the largest proportion of baccalaureate graduates are located in Milwaukee. Associate degree graduates are most prevalent in Los Angeles.

Table CMSA-2
NEWLY LICENSED NURSES BY CMSA AND JOB HUNTING EXPERIENCES

			JOB-HUNTING EXPERIENCES									
	TOTAL		MANY JOBS		FAIR NUMBER		VERY FEW		CAN'T SAY-TOOK JOB AT CLINICAL SITE		CAN'T SAY-VOLUNTARILY UNEMPLOYED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,491	100.0	4,959	66.2	1,500	20.0	130	1.7	830	11.1	72	1.0
METROPOLITAN AREA												
BOSTON-LAWRENCE-SALEM	392	100.0	130	33.2	144	36.7	43	11.0	71	18.1	4	1.0
BUFFALO-NIAGARA FALLS	192	100.0	126	65.6	37	19.3	3	1.6	24	12.5	2	1.0
CHICAGO-GARY-LAKE CO	659	100.0	482	73.1	109	16.5	7	1.1	56	8.5	5	.8
CINCINNATI-HAMILTON	245	100.0	161	65.7	37	15.1	8	3.3	35	14.3	4	1.6
CLEVELAND-AKRON-LORAINE	408	100.0	254	62.3	90	22.1	2	.5	61	15.0	1	.2
DALLAS-FORT WORTH	215	100.0	153	71.2	30	14.0	2	.9	27	12.6	3	1.4
DENVER-BOULDER	155	100.0	104	67.1	31	20.0	3	1.9	17	11.0		
DETROIT-ANN ARBOR	579	100.0	421	72.7	83	14.3	9	1.6	60	10.4	6	1.0
HOUSTON-GALVESTON-BROZONA	242	100.0	197	81.4	23	9.5	1	.4	19	7.9	2	.8
LA-ANAHEIM-RIVERSIDE	709	100.0	446	62.9	170	24.0	15	2.1	71	10.0	7	1.0
MIAMI-FORT LAUDERDALE	108	100.0	73	67.6	26	24.1	1	.9	7	6.5	1	.9
MILWAUKEE-RACINE	167	100.0	119	71.3	33	19.8	2	1.2	11	6.6	2	1.2
NEW YORK-NEW JERSEY	1,256	100.0	853	67.9	250	19.9	10	.8	130	10.4	13	1.0
PHILA-WILMINGTON-TRENTON	913	100.0	605	66.3	163	17.9	8	.9	132	14.5	5	.5
PITTSBURGH-BEAVER VALLEY	466	100.0	361	77.5	60	12.9	3	.6	40	8.6	2	.4
PORTLAND-VANCOUVER	155	100.0	91	58.7	42	27.1	4	2.6	14	9.0	4	2.6
SF-OAKLAND-SAN JOSE	423	100.0	267	63.1	107	25.3	5	1.2	34	8.0	10	2.4
SEATTLE-TACOMA	207	100.0	116	56.0	65	31.4	4	1.9	21	10.1	1	.5

Table 2: Newly Licensed Nurses by CMSA and Job Hunting Experiences

Demand for newly licensed nurses nationwide is great and two-thirds of new RNs residing in CMSAs claim that "many jobs" were available when the were job hunting. However, great diversity exists among the different CMSAs with over 80% of new RNs in Houston stating that "many jobs" were available and only 33% of Boston's new RNs stating the same.

Table CMSA-3
NEWLY LICENSED NURSES BY CMSA AND EMPLOYMENT SETTING

	TOTAL		EMPLOYMENT SETTING							
			HOSPITAL		NURSING HOME		COMMUNITY/HOME/ PUBLIC HEALTH AGENCY		SCHOOL NURSE/ PHYSICIAN'S OFFICE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,194	100.0	6,785	94.3	191	2.7	134	1.9	84	1.2
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	372	100.0	343	92.2	18	4.8	7	1.9	4	1.1
BUFFALO-NIAGARA FALLS	182	100.0	167	91.8	7	3.8	4	2.2	4	2.2
CHICAGO-GARY-LAKE CO	640	100.0	610	95.3	11	1.7	12	1.9	7	1.1
CINCINNATI-HAMILTON	231	100.0	213	92.2	11	4.8	4	1.7	3	1.3
CLEVELAND-AKRON-LORAINE	393	100.0	372	94.7	15	3.8	5	1.3	1	.3
DALLAS-FORT WORTH	208	100.0	188	90.4	4	1.9	6	2.9	10	4.8
DENVER-BOULDER	151	100.0	142	94.0	4	2.6	4	2.6	1	.7
DETROIT-ANN ARBOR	566	100.0	541	95.6	11	1.9	12	2.1	2	.4
HOUSTON-GALVESTON-BROZONA	230	100.0	216	93.9			6	2.6	8	3.5
LA-ANAHEIM-RIVERSIDE	684	100.0	653	95.5	6	.9	12	1.8	13	1.9
MIAMI-FORT LAUDERDALE	107	100.0	104	97.2	1	.9	2	1.9		
MILWAUKEE-RACINE	162	100.0	147	90.7	13	8.0	1	.6	1	.6
NEW YORK-NEW JERSEY	1,211	100.0	1,139	94.1	35	2.9	30	2.5	7	.6
PHILA-WILMINGTON-TRENTON	879	100.0	841	95.7	20	2.3	11	1.3	7	.8
PITTSBURGH-BEAVER VALLEY	449	100.0	428	95.3	10	2.2	6	1.3	5	1.1
PORTLAND-VANCOUVER	147	100.0	134	91.2	9	6.1	1	.7	3	2.0
SF-OAKLAND-SAN JOSE	392	100.0	383	97.7	4	1.0	3	.8	2	.5
SEATTLE-TACOMA	190	100.0	164	86.3	12	6.3	8	4.2	6	3.2

Table 3: Newly Licensed Nurses by CMSA and Employment Setting

Over 94% of new RNs residing in cities work in hospitals. This figure is sightly larger than that of the national figure of 91% suggesting that, in metropolitan areas, more opportunities are available in acute care settings. Among the CMSAs, Seattle contains the greatest percentage of new RNs employed in nursing homes and community/public health and Dallas contains the largest percentage working in schools and/or physician's offices.

Table CMSA-4
NEWLY LICENSED NURSES BY CMSA AND SIZE OF HOSPITAL OF EMPLOYMENT*

	TOTAL		HOSPITAL SIZE							
			6 TO 99 BEDS		100 TO 299 BEDS		300 TO 499 BEDS		500 BEDS OR MORE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	5.136	100.0	195	3.8	1.419	27.6	1.666	32.4	1,856	36.1
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	255	100.0	13	5.1	97	38.0	89	34.9	56	22.0
BUFFALO-NIAGARA FALLS	124	100.0	5	4.0	28	22.6	39	31.5	52	41.9
CHICAGO-GARY-LAKE CO	442	100.0	22	5.0	114	25.8	146	33.0	160	36.2
CINCINNATI-HAMILTON	159	100.0	6	3.8	52	32.7	57	35.8	44	27.7
CLEVELAND-AKRON-LORAINE	281	100.0	11	3.9	69	24.6	76	27.0	125	44.5
DALLAS-FORT WORTH	142	100.0	11	7.7	39	27.5	35	24.6	57	40.1
DENVER-BOULDER	108	100.0	1	.9	42	38.9	44	40.7	21	19.4
DETROIT-ANN ARBOR	415	100.0	11	2.7	84	20.2	123	29.6	197	47.5
HOUSTON-GALVESTON-BROZONA	169	100.0	11	6.5	50	29.6	33	19.5	75	44.4
LA-ANAHEIM-RIVERSIDE	504	100.0	25	5.0	159	31.5	175	34.7	145	28.8
MIAMI-FORT LAUDERDALE	82	100.0	1	1.2	20	24.4	21	25.6	40	48.8
MILWAUKEE-RACINE	100	100.0	4	4.0	41	41.0	37	37.0	18	18.0
NEW YORK-NEW JERSEY	871	100.0	11	1.3	154	17.7	283	32.5	423	48.6
PHILA-WILMINGTON-TRENTON	640	100.0	24	3.7	216	33.7	200	31.3	200	31.3
PITTSBURGH-BEAVER VALLEY	348	100.0	7	2.0	85	24.4	117	33.6	139	39.9
PORTLAND-VANCOUVER	92	100.0	8	8.7	20	21.7	47	51.1	17	18.5
SF-OAKLAND-SAN JOSE	283	100.0	13	[illegible]	112	39.6	97	34.3	61	21.6
SEATTLE-TACOMA	121	100.0	11	[illegible]	37	30.6	47	38.8	26	21.5

*ASKED ONLY OF TH[illegible]OYED IN HOSPITALS

Table 4: Newly Licensed Nurses by CMSA and Size of Hospital

There is little variation in the size of the hospitals in which newly licensed nurses are employed. Less than 10% separates the newly licensed nurses employed in hospitals containing 100 to 299 beds and those working in institutions with 500 or more beds. A very small group of newly licensed nurses are employed in hospitals with less than 100 beds.

Table CMSA-5
NEWLY LICENSED NURSES BY CMSA AND LENGTH OF JOB HUNT

	TOTAL		LENGTH OF JOB HUNT—EMPLOYED IN NURSING							
			FOUND BEFORE GRADUATION		ONE MONTH OR LESS		2 TO 3 MONTHS		4 TO 6 MONTHS	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,334	100.0	5,654	77.1	1,123	15.3	393	5.4	164	2.2
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	378	100.0	287	75.9	48	12.7	31	8.2	12	3.2
BUFFALO-NIAGARA FALLS	186	100.0	146	78.5	29	15.6	9	4.8	2	1.1
CHICAGO-GARY-LAKE CO	647	100.0	489	75.6	113	17.5	35	5.4	10	1.5
CINCINNATI-HAMILTON	238	100.0	202	84.9	25	10.5	7	2.9	4	1.7
CLEVELAND-AKRON-LORAINE	399	100.0	336	84.2	47	11.8	15	3.8	1	.3
DALLAS-FORT WORTH	211	100.0	169	80.1	31	14.7	8	3.8	3	1.4
DENVER-BOULDER	154	100.0	124	80.5	23	14.9	7	4.5		
DETROIT-ANN ARBOR	570	100.0	462	81.1	71	12.5	25	4.4	12	2.1
HOUSTON-GALVESTON-BROZONA	236	100.0	180	76.3	47	19.9	4	1.7	5	2.1
LA-ANAHEIM-RIVERSIDE	695	100.0	461	66.3	162	23.3	47	6.8	25	3.6
MIAMI-FORT LAUDERDALE	107	100.0	70	65.4	27	25.2	7	6.5	3	2.8
MILWAUKEE-RACINE	164	100.0	130	79.3	25	15.2	7	4.3	2	1.2
NEW YORK-NEW JERSEY	1,234	100.0	882	71.5	203	16.5	103	8.3	46	3.7
PHILA-WILMINGTON-TRENTON	900	100.0	796	88.4	73	8.1	25	2.8	6	.7
PITTSBURGH-BEAVER VALLEY	461	100.0	403	87.4	42	9.1	12	2.6	4	.9
PORTLAND-VANCOUVER	151	100.0	115	76.2	22	14.6	8	5.3	6	4.0
SF-OAKLAND-SAN JOSE	400	100.0	259	64.7	101	25.2	23	5.7	17	4.2
SEATTLE-TACOMA	203	100.0	143	70.4	34	16.7	20	9.9	6	3.0

Table 5: Newly Licensed Nurses by CMSA and Length of Job Hunt

The length of time necessary to find a job is a good measure of demand and, generally speaking, over 90% of newly licensed nurses in CMSAs found jobs before or within one month of graduation indicating that demand for new RNs is very strong. The degree of demand, however, varies among the nation's cities. New RNs in the New York/New Jersey CMSA and the Seattle-Tacoma area state that it took slightly longer to find a job than their counterparts in the rest of the country. Nurses in the two CMSAs in Pennsylvania reported greater ease in locating their first job.

Table CMSA-6
NEWLY LICENSED NURSES BY CMSA AND ACTIVITY STATUS

	TOTAL		ACTIVITY STATUS					
			FULL-TIME		PART-TIME <20 HOURS		PART-TIME 20+	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,332	100.0	6,181	84.3	202	2.8	949	12.9
METROPOLITAN AREA								
BOSTON-LAWRENCE-SALEM	379	100.0	306	80.7	14	3.7	59	15.6
BUFFALO-NIAGARA FALLS	184	100.0	157	85.3	5	2.7	22	12.0
CHICAGO-GARY-LAKE CO	647	100.0	541	83.6	14	2.2	92	14.2
CINCINNATI-HAMILTON	238	100.0	189	79.4	8	3.4	41	17.2
CLEVELAND-AKRON-LORAINE	400	100.0	358	89.5	8	2.0	34	8.5
DALLAS-FORT WORTH	211	100.0	197	93.4	1	.5	13	6.2
DENVER-BOULDER	153	[illegible]0.0	134	87.6	3	2.0	16	10.5
DETROIT-ANN ARBOR	572	[illegible]0.0	455	79.5	28	4.9	89	15.6
HOUSTON-GALVESTON-BROZONA	237	100.0	222	93.7	5	2.1	10	4.2
LA-ANAHEIM-RIVERSIDE	694	100.0	564	81.3	32	4.6	98	14.1
MIAMI-FORT LAUDERDALE	109	100.0	94	86.2	3	2.8	12	11.0
MILWAUKEE-RACINE	164	100.0	140	85.4	3	1.8	21	12.8
NEW YORK-NEW JERSEY	1,232	100.0	1,101	89.4	31	2.5	100	8.1
PHILA-WILMINGTON-TRENTON	898	100.0	760	84.6	19	2.1	119	13.3
PITTSBURGH-BEAVER VALLEY	462	100.0	441	95.5	7	1.5	14	3.0
PORTLAND-VANCOUVER	151	100.0	125	82.8	1	.7	25	16.6
SF-OAKLAND-SAN JOSE	399	100.0	239	59.9	12	3.0	148	37.1
SEATTLE-TACOMA	202	100.0	158	78.2	8	4.0	36	17.8

Table 6: Newly Licensed Nurses by CMSA and Activity Status

A large majority (84.3%) of new RNs in CMSAs are employed full-time and an additional 13% are working part-time, 20 hours or more a week. Newly licensed nurses in San Francisco are *least* likely to work full-time and new RNs in Pittsburgh are *most* likely to work full-time.

Table CMSA-7

REASON FOR CHOOSING CURRENT POSITION AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		PRIOR EXPERIENCE		SALARY BENEFITS		REPUTATION OF INSTITUTION		LOCATION		CHOSEN SPECIALTY		SHIFT/HOURS		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	7,846	28.0	2,195	11.9	934	15.9	1,250	12.6	991	32.2	2,527	2.5	198	5.6	443
BOSTON-LAWRENCE-SALEM	100.0	403	30.5	123	13.4	54	19.6	79	11.7	47	26.6	107	1.7	7	5.2	21
BUFFALO-NIAGARA FALLS	100.0	199	34.2	68	11.6	23	13.1	26	16.1	32	28.1	56	2.5	5	4.0	8
CHICAGO-GARY-LAKE CO	100.0	708	28.7	203	12.4	88	16.5	117	14.3	101	26.6	188	2.4	17	5.8	41
CINCINNATI-HAMILTON	100.0	247	34.4	85	10.1	25	10.5	26	10.5	26	35.6	88	2.0	5	5.7	14
CLEVELAND-AKRON-LORAINE	100.0	431	31.1	134	11.1	48	14.6	63	10.7	46	33.9	146	3.2	14	8.1	35
DALLAS-FORT WORTH	100.0	232	19.8	46	9.1	21	13.4	31	9.9	23	46.6	108	3.0	7	4.3	10
DENVER-BOULDER	100.0	160	20.0	32	12.5	20	18.8	30	6.9	11	38.1	61	3.1	5	8.7	15
DETROIT-ANN ARBOR	100.0	603	34.5	208	10.3	62	11.6	70	11.4	69	32.3	195	3.2	19	4.0	24
HOUSTON-GALVESTON-BROZONA	100.0	248	21.4	53	11.3	28	12.1	30	14.5	36	37.1	92	2.4	6	5.2	13
LA-ANAHEIM-RIVERSIDE	100.0	748	24.5	183	13.0	97	16.4	123	12.4	93	36.5	273	2.4	18	6.1	46
MIAMI-FORT LAUDERDALE	100.0	119	30.3	36	12.6	15	11.8	14	12.6	15	31.9	38	5.0	6	7.6	9
MILWAUKEE-RACINE	100.0	172	24.4	42	13.4	23	12.2	21	7.0	12	37.8	65	4.7	8	5.2	9
NEW YORK-NEW JERSEY	100.0	1,324	28.5	378	11.2	148	18.1	239	14.7	194	28.9	382	2.6	34	5.4	72
PHILA-WILMINGTON-TRENTON	100.0	967	27.9	270	11.0	106	16.4	159	12.6	122	32.1	310	2.5	24	5.9	57
PITTSBURGH-BEAVER VALLEY	100.0	484	28.1	136	15.1	73	11.6	56	15.5	75	29.5	143	1.0	5	4.5	22
PORTLAND-VANCOUVER	100.0	162	21.6	35	17.9	29	19.1	31	11.1	18	33.3	54	3.1	5	9.3	15
SF-OAKLAND-SAN JOSE	100.0	428	22.9	98	12.1	52	25.0	107	12.4	53	34.3	147	1.4	6	4.9	21
SEATTLE-TACOMA	100.0	211	30.8	65	10.4	22	13.3	28	8.5	18	35.1	74	3.3	7	5.7	12

Table 7: Reason for Choosing Current Position among Newly Licensed Nurses by CMSA

The primary factor influencing newly licensed nurses in choosing their current position is "opportunity to work in chosen specialty." "Prior experience in the institution" ranked second among the considerations for choosing their current job and "reputation of the institution" ranked third. These three factors head the list in all CMSAs except Buffalo, Cincinnati, Detroit, and Houston where "location" ranked among the top three. In Miami "salary/benefits" outranked "opportunity to work in chosen specialty."

Table CMSA-8
PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES BY CMSA

			EVALUATION OF EMPLOYMENT ORIENTATION									
	TOTAL		EXCELLENT		VERY GOOD		GOOD		FAIR		POOR	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,276	100.0	1,608	22.1	2,179	29.9	1937	26.6	1,008	13.9	399	5.5
BOSTON-LAWRENCE-SALEM	375	100.0	93	24.8	103	27.5	100	26.7	56	14.9	15	4.0
BUFFALO-NIAGARA FALLS	185	100.0	27	14.6	64	34.6	54	29.2	25	13.5	13	7.0
CHICAGO-GARY-LAKE CO	639	100.0	139	21.8	182	28.5	181	28.3	91	14.2	42	6.6
CINCINNATI-HAMILTON	237	100.0	48	20.3	80	33.8	62	26.2	28	11.8	9	3.8
CLEVELAND-AKRON-LORAINE	396	100.0	76	19.2	106	26.8	117	29.5	69	17.4	26	6.6
DALLAS-FORT WORTH	208	100.0	53	25.5	51	24.5	48	23.1	24	11.5	19	9.1
DENVER-BOULDER	153	100.0	51	33.3	43	28.1	36	23.5	13	8.5	8	5.2
DETROIT-ANN ARBOR	568	100.0	125	22.0	167	29.4	158	27.8	89	15.7	18	3.2
HOUSTON-GALVESTON-BROZONA	235	100.0	42	17.9	68	28.9	59	25.1	39	16.6	14	6.0
LA-ANAHEIM-RIVERSIDE	687	100.0	143	20.8	196	28.5	180	26.2	109	15.9	41	6.0
MIAMI-FORT LAUDERDALE	109	100.0	25	22.9	29	26.6	33	30.3	17	15.6	3	2.8
MILWAUKEE-RACINE	164	100.0	39	23.8	63	38.4	34	20.7	22	13.4	3	1.8
NEW YORK-NEW JERSEY	1,228	100.0	239	19.5	349	28.4	377	30.7	174	14.2	61	5.0
PHILA-WILMINGTON-TRENTON	891	100.0	191	21.4	298	33.4	224	25.1	107	12.0	63	7.1
PITTSBURGH-BEAVER VALLEY	461	100.0	112	24.3	131	28.4	120	26.0	65	14.1	30	6.5
PORTLAND-VANCOUVER	148	100.0	42	28.4	48	32.4	42	28.4	13	8.8	2	1.4
SF-OAKLAND-SAN JOSE	392	100.0	113	28.8	130	33.2	79	20.2	39	9.9	18	4.6
SEATTLE-TACOMA	200	100.0	50	25.0	71	35.5	33	16.5	28	14.0	14	7.0

Table 8: [illegible]ceived Quality of Orientation among Newly Licensed Nurses by CMSA

Over half o[illegible] new RNs in CMSAs stated that their orientation was very good or excellent. An additional 26.6% felt their orientation was good. Two percent state they had no orientation at all. Newly licensed nurses in San Francisco and Milwaukee were *more* likely to state that their orientation was very good/excellent whereas those in New York and Cleveland were *less* likely to respond so.

Table CMSA-9
NUMBER OF NURSING JOBS SINCE GRADUATION BY CMSA

			NUMBER OF JOBS SINCE RN LICENSURE							
	TOTAL		FIRST		SECOND		THIRD		FOURTH OR MORE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,342	100.0	5,981	81.5	1,158	15.8	148	2.0	55	.7
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	380	100.0	319	83.9	53	13.9	7	1.8	1	.3
BUFFALO-NIAGARA FALLS	185	100.0	157	84.9	22	11.9	4	2.2	2	1.1
CHICAGO-GARY-LAKE CO	646	100.0	522	80.8	105	16.3	15	2.3	4	.6
CINCINNATI-HAMILTON	238	100.0	188	79.0	42	17.6	8	3.4		
CLEVELAND-AKRON-LORAINE	400	100.0	323	80.7	67	16.7	5	1.2	5	1.2
DALLAS-FORT WORTH	210	100.0	160	76.2	42	20.0	5	2.4	3	1.4
DENVER-BOULDER	154	100.0	120	77.9	28	18.2	5	3.2	1	.6
DETROIT-ANN ARBOR	571	100.0	456	79.9	91	15.9	17	3.0	7	1.2
HOUSTON-GALVESTON-BROZONA	236	100.0	172	72.9	53	22.5	7	3.0	4	1.7
LA-ANAHEIM-RIVERSIDE	695	100.0	556	80.0	115	16.5	17	2.4	7	1.0
MIAMI-FORT LAUDERDALE	108	100.0	91	84.3	15	13.9	2	1.9		
MILWAUKEE-RACINE	164	100.0	129	78.7	29	17.7	4	2.4	2	1.2
NEW YORK-NEW JERSEY	1,236	100.0	1,038	84.0	176	14.2	17	1.4	5	.4
PHILA-WILMINGTON-TRENTON	900	100.0	750	83.3	140	15.6	8	.9	2	.2
PITTSBURGH-BEAVER VALLEY	463	100.0	382	82.5	64	13.8	14	3.0	3	.6
PORTLAND-VANCOUVER	151	100.0	126	83.4	17	11.3	5	3.3	3	2.0
SF-OAKLAND-SAN JOSE	402	100.0	330	82.1	66	16.4	3	.7	3	.7
SEATTLE-TACOMA	203	100.0	162	79.8	33	16.3	5	2.5	3	1.5

Table 9: Number of Nursing Jobs Since Graduation by CMSA

After almost one year in the work force, over 80% of newly licensed nurses were still working at their first nursing job. This suggests satisfaction with current employment conditions. Newly licensed nurses in Buffalo and New York City appear to be most stable in their first positions and new RNs in Houston are more likely to be working in their second job since graduation.

Table CMSA-10
EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		SATISFIED		UNSATISFIED	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	6,938	78.0	5,409	22.0	1,529
BOSTON-LAWRENCE-SALEM	100.0	358	81.3	291	18.7	67
BUFFALO-NIAGARA FALLS	100.0	174	70.7	123	29.3	51
CHICAGO-GARY-LAKE CO	100.0	621	74.7	464	25.3	157
CINCINNATI-HAMILTON	100.0	227	77.5	176	22.5	51
CLEVELAND-AKRON-LORAINE	100.0	384	80.2	308	19.8	76
DALLAS-FORT WORTH	100.0	197	85.3	168	14.7	29
DENVER-BOULDER	100.0	142	84.5	120	15.5	22
DETROIT-ANN ARBOR	100.0	550	76.2	419	23.8	131
HOUSTON-GALVESTON-BROZONA	100.0	227	77.5	176	22.5	51
LA-ANAHEIM-RIVERSIDE	100.0	649	74.6	484	25.4	165
MIAMI-FORT LAUDERDALE	100.0	98	75.5	74	24.5	24
MILWAUKEE-RACINE	100.0	152	82.2	125	17.8	27
NEW YORK-NEW JERSEY	100.0	1,164	76.5	891	23.5	273
PHILA-WILMINGTON-TRENTON	100.0	839	78.9	662	21.1	177
PITTSBURGH-BEAVER VALLEY	100.0	439	72.2	317	27.8	122
PORTLAND-VANCOUVER	100.0	146	89.0	130	11.0	16
SF-OAKLAND-SAN JOSE	100.0	381	84.3	321	15.7	60
SEATTLE-TACOMA	100.0	190	84.2	160	15.8	30

Table 10: Employment Satisfaction among Newly Licensed Nurses by CMSA

Of all new RNs working in CMSAs, 78% are satisfied in their current position. RNs are most satisfied in Portland and least satisfied in Buffalo.

Table CMSA-11
MAIN REASON FOR EMPLOYMENT SATISFACTION OF NEWLY LICENSED NURSES BY CMSA

			REASONS FOR SATISFACTION											
	TOTAL		SALARY/BENEFITS		OPPORTUNITY FOR ADVANCEMENT		OPPORTUNITY FOR CONTINUING EDUCATION		WORKING IN DESIRED SPECIALTY		HOURS/SCHEDULE		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	5,409	24.6	1,328	11.4	617	13.8	749	48.0	2,595	22.1	1,194	5.7	310
BOSTON LAWRENCE SALEM	100.0	291	29.6	86	15.8	46	12.7	37	38.8	113	17.2	50	7.9	23
BUFFALO NIAGARA FALLS	100.0	123	22.8	28	10.6	13	12.2	15	49.6	61	19.5	24	4.1	5
CHICAGO GARY LAKE CO	100.0	464	20.0	93	10.6	49	13.1	61	43.5	202	23.5	109	7.1	33
CINCINNATI HAMILTON	100.0	176	15.3	27	8.5	15	11.4	20	63.6	112	21.6	38	4.0	7
CLEVELAND AKRON LORAINE	100.0	308	27.6	85	8.8	27	11.4	35	48.4	149	20.8	64	3.9	12
DALLAS FORT WORTH	100.0	168	17.3	29	8.9	15	15.5	26	58.9	99	24.4	41	3.6	6
DENVER BOULDER	100.0	120	16.7	20	10.0	12	12.5	15	52.5	63	22.5	27	5.8	7
DETROIT ANN ARBOR	100.0	419	20.3	85	8.6	36	10.0	42	51.8	217	23.2	97	5.0	21
HOUSTON GALVESTON BROZONA	100.0	176	21.6	38	13.1	23	13.1	23	51.1	90	25.0	44	3.4	6
LA ANAHEIM RIVERSIDE	100.0	484	25.2	122	14.3	69	14.3	69	49.6	240	23.3	113	7.2	35
MIAMI FORT LAUDERDALE	100.0	74	25.7	19	17.6	13	21.6	16	41.9	31	21.6	16	4.1	3
MILWAUKEE RACINE	100.0	125	20.8	26	3.0	10	12.0	15	51.2	64	20.8	26	8.8	11
NEW YORK NEW JERSEY	100.0	891	28.8	257	12.0	107	15.7	140	44.7	390	25.1	224	4.8	43
PHILA WILMINGTON TRENTON	100.0	662	24.3	161	9.5	63	15.9	105	46.5	308	22.8	151	4.7	31
PITTSBURGH BEAVER VALLEY	100.0	317	27.1	86	13.6	43	13.6	43	45.4	144	16.1	51	3.5	11
PORTLAND VANCOUVER	100.0	130	26.2	34	11.5	15	13.1	17	46.2	60	18.5	24	12.3	16
SF OAKLAND SAN JOSE	100.0	321	29.3	94	15.0	48	15.9	51	51.4	165	19.3	62	7.8	25
SEATTLE TACOMA	100.0	160	23.7	38	8.1	13	11.9	19	49.4	79	20.6	33	9.4	15

Table 11: Main Reason for Employment Satisfaction of Newly Licensed Nurses by CMSA

New RNs in CMSAs cite "opportunity to work in desired specialty" as the primary source of satisfaction with their current position. "Salary/benefits" and "flexible hours/schedule" rank second and third among newly licensed nurses employed in metropolitan areas. Interestingly, "opportunity for continuing education" ranks third in Miami.

Table CMSA-12

MAIN REASON FOR EMPLOYMENT DISSATISFACTION OF NEWLY LICENSED NURSES BY CMSA

			REASONS FOR DISSATISFACTION									
	TOTAL		INADEQUATE SALARY		POOR WORKING CONDITIONS		UNSATISFYING STAFF RELATIONS		SKILLS UNDERUTILIZED		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	1,529	29.2	447	48.3	739	28.0	428	10.4	159	14.9	228
BOSTON LAWRENCE SALEM	100.0	67	22.4	15	52.2	35	23.9	16	19.4	13	16.4	11
BUFFALO NIAGARA FALLS	100.0	51	31.4	16	52.9	27	31.4	16	9.8	5	13.7	7
CHICAGO GARY LAKE CO	100.0	157	39.5	62	47.1	74	24.8	39	5.1	8	14.6	23
CINCINNATI HAMILTON	100.0	51	37.3	19	31.4	16	25.5	13	13.7	7	7.8	4
CLEVELAND AKRON LORAINE	100.0	76	23.7	18	50.0	38	27.6	21	9.2	7	15.8	12
DALLAS FORT WORTH	100.0	29	37.9	11	55.2	16	20.7	6	13.8	4	6.9	2
DENVER BOULDER	100.0	22	22.7	5	54.5	12	18.2	4	13.6	3	13.6	3
DETROIT ANN ARBOR	100.0	137	35.9	47	40.5	53	34.4	45	7.6	10	16.8	22
HOUSTON GALVESTON BROZONA	100.0	51	43.1	22	37.3	19	17.6	9	7.8	4	19.6	10
LA ANAHEIM RIVERSIDE	100.0	165	34.5	57	49.1	81	27.3	45	10.9	18	17.6	29
MIAMI FORT LAUDERDALE	100.0	24	25.0	6	58.3	14	16.7	4	4.2	1	16.7	4
MILWAUKEE RACINE	100.0	27	44.4	12	29.6	8	25.9	7	3.7	1	18.5	5
NEW YORK NEW JERSEY	100.0	273	23.4	64	50.9	139	34.8	95	15.0	41	11.0	30
PHILA WILMINGTON TRENTON	100.0	177	16.9	30	47.5	84	27.7	49	9.0	16	19.2	34
PITTSBURGH BEAVER VALLEY	100.0	122	28.7	35	52.5	64	31.1	38	5.7	7	13.1	16
PORTLAND VANCOUVER	100.0	16	18.8	3	68.8	11	6.3	1	37.5	6	12.5	2
SF OAKLAND SAN JOSE	100.0	60	28.3	17	58.3	35	20.0	12	10.0	6	16.7	10
SEATTLE TACOMA	100.0	30	26.7	8	43.3	13	26.7	8	6.7	2	13.3	4

Table 12: Main Reason For Employment Dissatisfaction of Newly Licensed Nurses by CMSA

Newly licensed nurses stating dissatisfaction with their current position cite "poor working conditions" (forced rotation, poor scheduling, etc.) as the primary source of their discontent. "Inadequate salary" and "unsatisfying staff relations" ranked second and third. All CMSAs followed the same general pattern except Cincinnati and Houston where "inadequate salary" ranked first and Portland where "skills underutilized" placed third.

Table CMSA-13
RACIAL – ETHNIC BACKGROUND OF NEWLY LICENSED NURSES BY CMSA

	TOTAL		WHITE		BLACK		HISPANIC		ASIAN		AMERICAN INDIAN	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	6,311	87.0	457	6.3	255	3.5	211	2.9	22	.3
BOSTON-LAWRENCE-SALEM	370	100.0	354	95.7	10	2.7	2	.5	4	1.1	0	0.0
BUFFALO-NIAGARA FALLS	188	100.0	177	94.1	7	3.7	3	1.6	1	.5	0	0.0
CHICAGO-GARY-LAKE CO	641	100.0	543	84.7	54	8.4	16	2.5	27	4.2	1	.2
CINCINNATI-HAMILTON	239	100.0	229	95.8	5	2.1	1	.4	3	1.3	1	.4
CLEVELAND-AKRON-LORAINE	393	100.0	372	94.7	16	4.1	3	.8	2	.5	0	0.0
DALLAS-FORT WORTH	204	100.0	180	88.2	17	8.3	5	2.5	2	.8	0	0.0
DENVER-BOULDER	149	100.0	139	93.3	4	2.7	5	3.4	1	.7	0	0.0
DETROIT-ANN ARBOR	564	100.0	522	92.6	31	5.5	4	.7	6	1.1	1	.2
HOUSTON-GALVESTON-BROZONA	233	100.0	194	83.3	26	11.2	7	3.0	5	2.1	1	.4
LA-ANAHEIM-RIVERSIDE	685	100.0	490	71.5	38	5.5	90	13.1	62	9.1	5	.7
MIAMI-FORT LAUDERDALE	107	100.0	73	68.2	17	15.9	16	15.0	0	0.0	1	.9
MILWAUKEE-RACINE	162	100.0	147	90.7	11	6.8	1	.6	2	1.2	1	.6
NEW YORK-NEW JERSEY	1,207	100.0	961	79.6	151	12.5	64	5.3	29	2.4	2	.2
PHILA-WILMINGTON-TRENTON	882	100.0	822	93.2	41	4.6	11	1.2	8	.9	0	0.0
PITTSBURGH-BEAVER VALLEY	464	100.0	454	97.8	7	1.5	1	.2	2	.4	0	0.0
PORTLAND-VANCOUVER	153	100.0	141	92.2	1	.7	1	.7	7	4.6	3	2.0
SF-OAKLAND-SAN JOSE	412	100.0	324	78.6	17	4.1	23	5.6	44	10.7	4	1.0
SEATTLE-TACOMA	203	100.0	189	93.1	4	2.0	2	1.0	6	3.0	2	1.0

Table 13: Racial-Ethnic Background of Newly Licensed Nurses by CMSA

Great diversity exists in the racial-ethnic composition of newly licensed nurses in metropolitan areas. Portland, Cincinnati, and Boston are the least diverse and Miami is the most diverse.

Table CMSA-14
MARITAL STATUS OF NEWLY LICENSED NURSES BY CMSA

	TOTAL		NEVER MARRIED		MARRIED		SEPARATED/DIVORCED		WIDOWED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	3,145	43.3	3,218	44.3	840	11.6	53	.7
BOSTON-LAWRENCE-SALEM	370	100.0	205	55.4	128	34.6	34	9.2	3	.8
BUFFALO-NIAGARA FALLS	188	100.0	83	44.1	74	39.4	28	14.9	3	1.6
CHICAGO-GARY-LAKE CO	641	100.0	299	46.6	274	42.7	65	10.1	3	.5
CINCINNATI-HAMILTON	239	100.0	82	34.3	133	55.6	23	9.6	1	4
CLEVELAND-AKRON-LORAINE	393	100.0	174	44.3	180	45.8	38	9.7	1	.3
DALLAS-FORT WORTH	204	100.0	50	24.5	122	59.8	26	12.7	6	2.9
DENVER-BOULDER	149	100.0	36	24.2	81	54.4	32	21.5	0	0.0
DETROIT-ANN ARBOR	564	100.0	212	37.6	282	50.0	69	12.2	1	.2
HOUSTON-GALVESTON-BROZONA	233	100.0	39	16.7	153	65.7	40	17.2	1	4
LA-ANAHEIM-RIVERSIDE	685	100.0	236	34.5	348	50.8	96	14.0	5	7
MIAMI-FORT LAUDERDALE	107	100.0	46	43.0	42	39.3	19	17.8	0	0.0
MILWAUKEE-RACINE	162	100.0	77	47.5	68	42.0	16	9.9	1	.6
NEW YORK-NEW JERSEY	1,207	100.0	644	53.4	439	36.4	115	9.5	9	7
PHILA-WILMINGTON-TRENTON	882	100.0	446	50.6	345	39.1	84	9.5	7	.8
PITTSBURGH-BEAVER VALLEY	464	100.0	243	52.4	163	35.1	54	11.6	4	9
PORTLAND-VANCOUVER	153	100.0	49	32.0	77	50.3	26	17.0	1	7
SF-OAKLAND-SAN JOSE	412	100.0	162	39.3	196	47.6	51	12.4	3	7
SEATTLE-TACOMA	203	100.0	62	30.5	113	55.7	24	11.8	4	2.0

Table 14: Marital Status of Newly Licensed Nurses by CMSA

CMSAs can be divided into three major categories: (1) those where the "never married" prevail (Boston, New York, Philadelphia, Pittsburgh), (2) those where the "married" dominate (Cincinnati, Dallas, Boulder, Detroit, Houston, Los Angeles, Portland, San Francisco, and Seattle), and (3) those where almost equal proportions of married and singles reside (Buffalo, Chicago, Cleveland, Miami, Milwaukee).

Table CMSA-15
PRESENCE OF CHILDREN AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		HAS CHILDREN		HAS NO CHILDREN	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	2,806	38.7	4,450	61.3
BOSTON-LAWRENCE-SALEM	370	100.0	107	28.9	263	71.1
BUFFALO-NIAGARA FALLS	188	100.0	69	36.7	119	63.3
CHICAGO-GARY-LAKE CO	641	100.0	241	37.6	400	62.4
CINCINNATI-HAMILTON	239	100.0	109	45.6	130	54.4
CLEVELAND-AKRON-LORAINE	393	100.0	140	35.6	253	64.4
DALLAS-FORT WORTH	204	100.0	91	44.6	113	55.4
DENVER-BOULDER	149	100.0	76	51.0	73	49.0
DETROIT-ANN ARBOR	564	100.0	233	41.3	331	58.7
HOUSTON-GALVESTON-BROZONA	233	100.0	138	59.2	95	40.8
LA-ANAHEIM-RIVERSIDE	685	100.0	312	45.5	373	54.5
MIAMI-FORT LAUDERDALE	107	100.0	35	32.7	72	67.3
MILWAUKEE-RACINE	162	100.0	57	35.2	105	64.8
NEW YORK-NEW JERSEY	1,207	100.0	411	34.1	796	65.9
PHILA-WILMINGTON-TRENTON	882	100.0	311	35.3	571	64.7
PITTSBURGH-BEAVER VALLEY	464	100.0	159	34.3	305	65.7
PORTLAND-VANCOUVER	153	100.0	61	39.9	92	60.1
SF-OAKLAND-SAN JOSE	412	100.0	165	40.0	247	60.0
SEATTLE-TACOMA	203	100.0	91	44.8	112	55.2

Table 15: Presence of Dependent Children Among Newly Licensed Nurses by CMSA

In most CMSAs, a larger proportion of new RNs have no dependent children living at home. In Cincinnati, Denver, Los Angeles and Seattle, the proportion of new RNs with and without dependent children at home is about equal.

Table CMSA-16
AGE OF NEWLY LICENSED NURSES BY METROPOLITAN AREA OF RESIDENCE

	NUMBER	MEAN AGE	STD DEV
GRAND TOTAL	14,335	31.4	8.09
METROPOLITAN AREA			
BOSTON-LAWRENCE-SALEM	387	29.6	7.53
BUFFALO-NIAGARA FALLS	188	29.9	7.57
CHICAGO-GARY-LAKE CO	655	30.0	7.92
CINCINNATI-HAMILTON	244	31.3	8.30
CLEVELAND-AKRON-LORAINE	405	30.8	7.99
DALLAS-FORT WORTH	208	32.5	8.44
DENVER-BOULDER	153	32.2	7.58
DETROIT-ANN ARBOR	574	31.1	7.92
HOUSTON-GALVESTON-BROZONA	239	34.2	7.73
LA-ANAHEIM-RIVERSIDE	702	31.8	7.74
MIAMI-FORT LAUDERDALE	107	29.7	7.57
MILWAUKEE-RACINE	165	29.6	6.93
NEW YORK-NEW JERSEY	1.237	29.9	8.06
PHILA-WILMINGTON-TRENTON	902	29.1	7.39
PITTSBURGH-BEAVER VALLEY	466	30.0	8.10
PORTLAND-VANCOUVER	153	32.5	8.00
SF-OAKLAND-SAN JOSE	416	32.3	7.63
SEATTLE-TACOMA	207	31.5	7.00
NON-METROPOLITAN AREAS	6,927	32.2	8.23

Table 16: Age of Newly Licensed Nurses by CMSA

The average age of newly licensed nurses in metropolitan areas is 31. The mean age is lowest in Philadelphia, Boston, Miami, and Milwaukee. On average, new RNs are oldest in Houston with a mean age of over 34.

Table CMSA-17
MEAN FULL-TIME SALARIES OF NEWLY LICENSED NURSES BY CMSA

	SALARY	
	MEAN SALARY	STD DEV
GRAND TOTAL	$23,504.3	$ 9,213
METROPOLITAN AREA		
BOSTON-LAWRENCE-SALEM	26,830.8	9,995
BUFFALO-NIAGARA FALLS	21,504.1	8.192
CHICAGO-GARY-LAKE CO	23,211.1	8.194
CINCINNATI-HAMILTON	21,052.0	8,626
CLEVELAND-AKRON-LORAINE	24,082.8	8,641
DALLAS-FORT WORTH	23,872.6	9,519
DENVER-BOULDER	23,059.0	7,541
DETROIT-ANN ARBOR	23,848.4	9.131
HOUSTON-GALVESTON-BROZONA	24,249.6	8,950
LA-ANAHEIM-RIVERSIDE	27.499.1	11,054
MIAMI-FORT LAUDERDALE	25,612.8	8.536
MILWAUKEE-RACINE	21,585.4	7,555
NEW YORK-NEW JERSEY	29.168.3	10,363
PHILA-WILMINGTON-TRENTON	26,911.0	9,218
PITTSBURGH-BEAVER VALLEY	23,571.5	7,651
PORTLAND-VANCOUVER	22,875.1	9.147
SF-OAKLAND-SAN JOSE	27.137.5	12,012
SEATTLE-TACOMA	21.702.6	8.705
NON-METROPOLITAN AREAS	21,391.5	8,011

Table 17: Mean Full-Time Salaries of Newly Licensed Nurses by CMSA

The highest average full-time salaries among newly licensed nurses residing in cities are found in the New York City metropolitan area and the San Francisco Bay area. The lowest average salaries are found in Buffalo and Seattle. Salaries of new RNs living in non-metropolitan areas are considerably lower than those of their urban counterparts.

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PREFACE

Licensed to Care: An Executive Report of the New Nurse is the culmination of an extraordinary effort to capture and present the exemplary experiences of the nation's newly licensed nurses. In response to the urgent need for accurate data on the nursing supply, the National League for Nursing has taken the lead in analyzing the current condition of America's contemporary cohort of new nurses by conducting the survey of newly licensed nurses. The study was designed to collect information that can be effectively utilized by nurse executives in recruiting and retaining registered nurses. It offers in-depth data necessary to ascertain their demographic characteristics, to assess their employment experiences and evaluate their educational backgrounds.

The strength of the study and the resulting data is based on its sound methodological approach. First, the sheer number of respondents, over 28,000 new RNs, assure statistically significant data. Additionally, the excellent national and regional response rates guarantee that the data are comprehensive and reliable.

Many individuals at NLN were involved in the coordination, design, and production of the study and its resulting publications. Special thanks are due to Kathy Kaufman and Jill Hodge, Research Coordinators, for their contributions in data analysis and graphics.

Peri Rosenfeld, PhD
Vice President
Division of Research

Section 1
Executive Summary

EXECUTIVE SUMMARY

INTRODUCTION

The Nursing Shortage: How Do New RNs Fit In?

Recent developments have forced employers of health care professionals, policymakers, and the public to seriously evaluate and understand the status of nursing within the changing health care climate. Greater emphasis on cost containment, the scarcity of nurses and other providers, and the mushrooming of out-of-hospital health care delivery are just three major transformations that are responsible for the current focus on nurses in the health industry.

The key words in modern health care are cost containment and home care and nursing is a primary component for the success of both. While nurses are at the center of change they have not always been involved in providing the solutions. The current nursing shortage has altered that situation and thrust nursing into a new role within the health care system.

More importantly, the recent nursing shortage has sent a strong message to the health care industry and others that nursing is a scarce resource whose numbers cannot be taken for granted. Indeed, despite consistent increases in the *supply* of RNs, the health care system continues to demand more.

The solution to the shortage is not the *numbers* of nurses but the *proper utilization* of nurses. Nurses are already the largest group of health care providers with over 2 million RNs in the contemporary supply. When RNs are treated as autonomous professionals and not required to perform tasks that are best undertaken by paraprofessional or other health care workers, the number of RNs required for proper care is diminished. In other words, the shortage is the result of increased demand for RNs, and that increased demand is the result of inappropriate utilization of RNs by their employers. As the Secretary's Commission on Nursing concluded,

> "...the current nurse shortage is primarily the result of a rapidly-increasing demand for RNs. Some of this increased demand for RNs is a rising because health care delivery organizations are compensating for reductions in non-nursing staff, both clinical and non-clinical—as well as in other categories of nursing personnel...These recommendations call for the provision of adequate support services for nurses,utilization of the most appropriate mix of nursing personnel...and improvement in the internal management of nurse resources ...." (Secretary's Commission on Nursing, 1989).

The future outlook for health care, therefore, is related to the future of nursing, and the brightest signpost for the future is the newest crop of RNs. This cadre of new licensees provides us with a window to the future of nursing and health care. *Licensed to Care: An Executive Report of New Nurses* was designed as a tool for administrators to help them better appreciate the experiences, attitudes and characteristics of the new nurse. The data contained in this report will assist in planning for the contemporary and future demand for nurses. Because each geographic region is unique in terms of its demographic and economic characteristics, each volume of *Licensed to Care* will focus on one census region as it compares to the national perspective.

Research Design and Response Rate

In March 1990, eight months after obtaining RN licensure, all newly licensed registered nurses were sent a survey to identify their demographic characteristics, assess their educational background, and examine their employment experiences. Prior to sending the survey to the field, each state board of nursing except New Hampshire and Hawaii granted permission for the release of the names and addresses of their new licensees to the National League for Nursing.

After three mailings a total of 28,147 completed surveys were received representing an excellent response rate of 64% nationwide. Response rates for the individual states varied from a high of 76% in Maryland and New Jersey to a low of 52% in Alabama. Among the largest states—New York, California, Illinois, Texas—response rates fluctuated in the high 60% range. In view of the fact that these response rates reflect the **universe of new RNs and not a sample**, these figures are extremely respectable and confirm the reliability and validity of these data.

Educational Profile of the Newly Licensed Nurse

A Short History of Nursing Education Programs

The history of nursing education is replete with struggles between those who argue that the proper setting for nursing preparation is in institutions of higher learning and those considering the hospital the appropriate place for nursing education. The trend toward college preparation has triumphed as evidenced by the decline in numbers of diploma programs and the spiraling surge in associate degree and baccalaureate programs. Despite the cyclical nature of nursing shortages, there has been continual growth in the *number* of educational programs for nurses with the current figure hovering around 1,450.

Type of nursing education and geographic location are the two most powerful variables in explaining differences among nurses in general and new RNs in particular. Historically the newest form of nursing education, associate degree programs now comprise the majority—over 60%—of nursing preparation programs in America. Diploma programs, which predominated for most of nursing's illustrious history, are now the minority—less than 10 %—while the proportion of basic baccalaureate programs has remained essentially stable at about one-third of the total throughout the last century.

The Significance of Nursing Education Programs

The ratio of associate degree programs vis a vis diploma and baccalaureate programs varies from region to region. It is noteworthy that the remaining number of diploma programs are concentrated in the north eastern portion of the nation and the number of associate degree programs grows as one moves westward. The proportion of basic baccalaureate programs is highest in the New England region and hovers around the 30% mark in all other locations.

In regard to educational preparation, the cohort of recent graduates is *not*, however, a mirror image of the current nursing supply. According to the *1988 RN Sample Survey* conducted by the Department of Health and Human Services, diploma graduates comprise approximately 40% of the nation's nursing supply, associate degree graduates represent 25% and baccalaureate,25%. In the *1977 Sample Survey*, 67% of the supply was prepared at the diploma level, 11% at the associate degree level, and 18%,baccalaureate. This confirms that the growth in associate degree programs is having an impact on the general supply.

Another significant characteristic emerges in understanding the educational backgrounds of new RNs. A greater proportion of the contemporary cohort has had experience in the health care delivery system prior to RN licensure. Almost one-third of the new RNs had practiced as licensed practical/vocational nurses, and a significant percentage of these individuals *returned to their previous employer as RNs*. A closer look at these data reveals that over 40% of the associate degree graduates had previously practiced as LPN/LVNs, almost 20% of the diploma graduates had previous LPN/LVN experience and less than 10% of the baccalaureate alumni were previously LPN/LVNs.

The implications of these data are noteworthy for several reasons. First, it is evident that RN licensure is a measure of career mobility for many already employed in the health care system. For the nursing executive this suggests that continuing education can be a powerful factor in retaining exemplary employees working as paraprofessionals. These individuals already acclimated to the institution and its unique milieu usually return to repay their employers with many years of dedicated service. Second, as a recruitment strategy, nursing educators may target LPN/LVNs as potential students in their programs.

Advancement of LPN/LVNs to RN licensure offers interesting opportunities and challenges to both the executive and the employee. Many new nurses who took the time to write us were new RNs who were previously employed as LPN/LVNs. They voiced concerns about the loss of seniority when they became RNs. Often they were forced to work undesirable shifts, and their salaries were only nominally better than they had been as LPN/LVNs. Most often they protested the treatment they received from their new colleagues who, remembering them as paraprofessionals, questioned their capabilities as RNs. In short, executives must be aware of both the positive and negative aspects of advancement from LPN/LVN to RN.

The Many Faces of Newly Licensed Nurses

Data on the demographic characteristics of the newly licensed nurses are perhaps the most vital information needed to recruit and retain employees. Variables such as marital status, presence of dependent children, and age all have important implications relative to scheduling, activity status, and the desirability of child care as possible benefits at your institution. Understanding the potential applicant pools from which your new nurses are recruited will place you in a better position to offer the benefits and working environment that are most attractive to today's new nurses.

While associate degree graduates predominate among the contemporary cohort of new RNs, it is important to note that the trend toward associate degree education has profound implications for the future supply of nurses. Associate degree graduates are demographically different from their diploma or baccalaureate counterparts. Most significantly, associate degree alumni are more mature with an average age of almost 34. The typical diploma graduate is approximately 29, and the average baccalaureate graduate is 27.

Not surprisingly, age is related to marital status and the presence of dependent children, and indeed, the majority (over 62%) of new RNs coming from associate degree programs are married and over half have dependent children at home. The comparable figures for diploma graduates show that about equal numbers are married and single, and one-third have children at home. The baccalaureate-prepared new RN is most likely to be single (57%) and childless (80%).

The overwhelming majority of new nurses are white females. Nursing remains the archetypical women's profession with over 94% of its members being female, and there is little variation among the geographic regions. While a large majority (over 90%) of new RNs are white, great variation exists throughout the nation. The largest proportion of blacks is found in the South Atlantic and East South Central regions, and the largest groups of Hispanics, Asians, and American Indians are located in the Pacific region.

Employment Patterns Among New Nurses

Supply and Demand for New RNs

The recent nursing shortage has fostered some damaging myths about the nursing profession. Claims are made that nurses are fleeing from the bedside or quickly "burn out" and seek other careers. Empirically these claims are false for both the general supply of nurses and particularly for the cohort of new RNs. Almost a year after graduation, 98% of new RNs are employed in nursing suggesting strong commitment to the profession. Moreover, the majority of the 2% that are not employed in nursing are voluntarily unemployed because of family obligation or continuing education. It is noteworthy that after almost a year of experience, the majority (81.5%) of new RNs are still employed at their first nursing job.

Several indicators confirm that the demand for new nurses is extraordinarily high. First, a great majority (63%) of new nurses state that "many jobs" were available when they were job hunting. An additional 11% took jobs at the site of their clinical preparation and hence did not job-hunt at all. In a similar vein, over 82% of newly licensed nurses accepted positions *before graduating* from nursing school indicating that early recruitment of senior nursing students is a successful strategy. Indeed, 97% of new graduates found jobs within three months of obtaining licenses.

Employment Profile of the New RN

Despite the rapid growth in home and community health, the vast majority (92%) of new RNs are employed in acute care settings. Just under 4% are employed in long-term care, 2% are working in community/public health, and the remainder hold positions in ambulatory settings such as schools and physician's offices.

Regardless of employment setting, the great majority (85%) of new RNs are working full-time. Even among those working as school nurses or in physicians offices, over three-fourth are considered full-timers. In view of the fact that many have dependent children living at home, these data are impressive reminders of their commitment to nursing.

What attracts a new RN to a particular position? A significant proportion (30%) state the "ability to practice in my chosen specialty" as the number one reason for choosing their current job, and 29% took their present job because of "prior experience in the institution." These data document that new RNs are career-minded and committed to the nursing profession. New RNs seek employment that offers them the practice *they* want, and often they build upon prior experiences to achieve higher status. In short, these newly licensed nurses are not taking the first job they encounter; they are educated, ambitious individuals seeking positions that permit growth and professional satisfaction.

Despite conventional wisdom that nurses are primarily motivated by money, only 11% claim that "salary" was the primary reason for choosing their current position. In fact, "salary" ranked very low on the scale behind "reputation of the institution" and "location".

Starting salaries for nurses vary considerably by region. While the national average for full-timers stood at $25,089 at the completion of the study, the highest average salaries were reported in Connecticut ($32,032), Alaska ($30,102) and New Jersey ($29,277). The lowest mean full-time salaries were reported in North Dakota ($20,282), South Dakota ($20,447), and Iowa ($20,903).

Factors Associated with Job Satisfaction

An astounding 80% of newly licensed nurses claim satisfaction with their current jobs, and almost 50% of them attribute their satisfaction to "working in desired specialty." An additional 25% cite "salary/benefits" as the primary source of their satisfaction.

It is noteworthy that job satisfaction is high among all demographic groups. Some variation, however, does exist. For example, among the different racial-ethnic backgrounds, 80% of the American Indians and Hispanics expressed satisfaction with their current employment, while only 69% of the blacks reported satisfaction. Another interesting finding indicates that rates of satisfaction decrease *slightly* with age. In other words, the younger newly licensed nurses, below age 24, express somewhat greater satisfaction than their older counterparts. Job satisfaction is virtually equal regardless of marital status and presence of children.

A significant plurality (44%) of those dissatisfied with their current position state "poor working conditions" (which include forced overtime, mandatory rotation, etc.) as the primary source of their discontent. "Inadequate salary" ranked second among the reasons for dissatisfaction (31%) and "unsatisfying staff relations" is a very close third (29%).

Indeed, there is some relationship between salary and satisfaction. Those reporting "salary" as their primary source of satisfaction are on average earning more than the other satisfied nurses: $26,513 compared with $25,352. In addition, those stating "inadequate salary" as their primary source of dissatisfaction report lower earnings than other discontented newly licensed nurses: $22,716 compared with $24,305. In short, while salary *per se* is not necessarily the most frequently cited source of satisfaction, it is a good predictor of job satisfaction.

Adequacy of Orientation

Perceived adequacy of orientation engendered some important results, and many respondents chose to remark on their experiences. In general, almost half of the newly licensed nurses evaluated their orientation as excellent or very good. An additional 27% assessed their orientation as good, 15% fair, and 6% poor. Approximately 3% claimed they received *no orientation* at all.

A rigorous content analysis was performed to categorize and analyze the qualitative, i.e., descriptive, data provided by respondents. Assessments of orientation fell into several global categories including: (a) the amount of time devoted to orientation, (b) the staff assigned to orientation, (c) the performance of the preceptor, (d) the amount and quality of the clinical and classroom training, and (e) organization of the orientation program.

Positive evaluations (e.g., "excellent/very good") were most strongly related to the sufficient amount of time devoted to orientation with over 55% of the respondents stating this. Over one-third of the respondents claimed that the performance or abilities of their preceptor contributed to their successful orientation. Smaller groups of new RNs considered their orientation excellent or very good because of "good courses/classroom training" (16.5%) and "good co-workers" (18.5%).

As one might expect, those newly licensed nurses who evaluated their orientation neutrally or negatively ("good/fair/poor") were most likely to assert that the amount of time devoted to orientation was insufficient

(36.5%). "No preceptor/poor preceptor" and "did not learn what I needed" tie for second place among the chief reasons for negative evaluations of orientation.

Closer analysis reveals that the majority of those who received no orientation at all were previously employed as LPN/LVNs. It was this group that was most vocal about their feelings. These new RNs objected to the attitude their administrators seemed to have about them, i.e., an LPN/LVN is already a nurse who needs no special orientation to the RN role.

The growing group of LPN/LVNs advancing to RN licensure presents an instructive illustration of how important it is to clearly distinguish the functions of professional, registered nurses vis- a-vis the technical practical nurse. It is neither desirable nor appropriate to consider the RN as interchangeable with the LPN/LVN. As described above, it is this attitude that "a nurse is a nurse is a nurse" that has contributed to the recent nursing shortage. RNs should not be performing those tasks associated with LPN/LVN licensure and vice versa. It is illegal and the staff resents it.

Adequacy of Nursing Education

A good measure of the success of an individual nursing educational program is how well graduates feel they were prepared for their current employment. A large majority (approximately 90%) of newly licensed nurses from all types of nursing educational programs responded that their classroom experiences prepared them adequately for their current position. While the overall majority responded positively in regard to adequacy of clinical preparation, some variation among the graduates of the different types of educational programs does exist. Over 90% of diploma graduates responded that their clinical preparation was adequate, while smaller groups of associate degree (73%) and baccalaureate (69%) graduates responded affirmatively.

These findings, while disturbing, are not unique. In previous studies of newly licensed nurses, baccalaureate graduates have consistently reported lower rates of satisfaction with their clinical experiences than the graduates of other programs. In an effort to explain this trend, the NLN Division of Research conducted a special study of clinical preparation at the nation's nursing schools in 1989. According to the findings:

> ". . . the issue of professional expectations and the influence of educational philosophies are certainly playing a role in these responses. For if BSN students are educated to perceive themselves as autonomous health care workers in community or public health care, those individuals may feel constrained by the bureaucratic, hierarchical structure of a hospital. And, though new BSNs often choose hospital employment, the dissonance they experience may be so powerful as to affect their perceptions of the adequacy of their education." (Rosenfeld and Kaufman, 1990)

Summary and Conclusion

The findings of the survey of newly licensed nurses offer a wealth of information on the demographic characteristics, educational backgrounds and employment experiences of the nation's newest RNs. There is little doubt that these men and women have entered nursing at an extremely turbulent period when shortages, cost containment efforts, and dislocation within the health care delivery system are rampant. Add to this the "graying of America," the AIDS epidemic and the plethora of health care problems associated with poverty and homelessness, and one recognizes that new nurses must possess a strong commitment to equitable health care and the public good.

As enrollments to nursing schools improve and fear of continued shortages subside, it is time to evaluate some of the strategies recently adopted to recruit and retain nurses to educational programs and to the practice settings. The astronomical growth in associate degree graduates presents both promise and dilemmas for nursing administrators. Clearly, the more mature, married associate degree student is as dedicated to full-time employment as are her diploma and baccalaureate counterparts. Age, however, does affect length of time in the workforce—the older the new graduate the fewer available years in the labor force. It is too soon to tell if this will have a significant impact on future supply.

It is vital that executives appreciate the consequences associated with the influx of LPN/LVNs into RN posi-

tions. No doubt LPN/LVNs are appropriate and desirable candidates for RN licensure. However, the transition from one to the other must not be taken for granted. In areas such as job satisfaction and attitudes toward job orientation, for example, those previously employed as LPN/LVNs expressed displeasure with the treatment they have received.

Clearly, the new crop of RNs are career minded, ambitious individuals committed to patient care and the profession of nursing. They choose positions that offer the ability to work in the specialty *they* desire not just what the institutions demand. They work full-time even if they have small children at home. They are often individuals who have had previous experience in health care and are now building their careers as professional nurses. They are nurses who are serious about health care—it's high time that the health care system recognize and reward them.•

Peri Rosenfeld, PhD
Vice President
Division of Research

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Department of Health & Human Services (1977). *1977 Sample Survey of Registered Nurses.* Washington, DC: Division of Nursing, BHPr, HRSA.

Department of Health and Human Services (1988). *Final Report.* Washington, DC: Secretary's Commission on Nursing.

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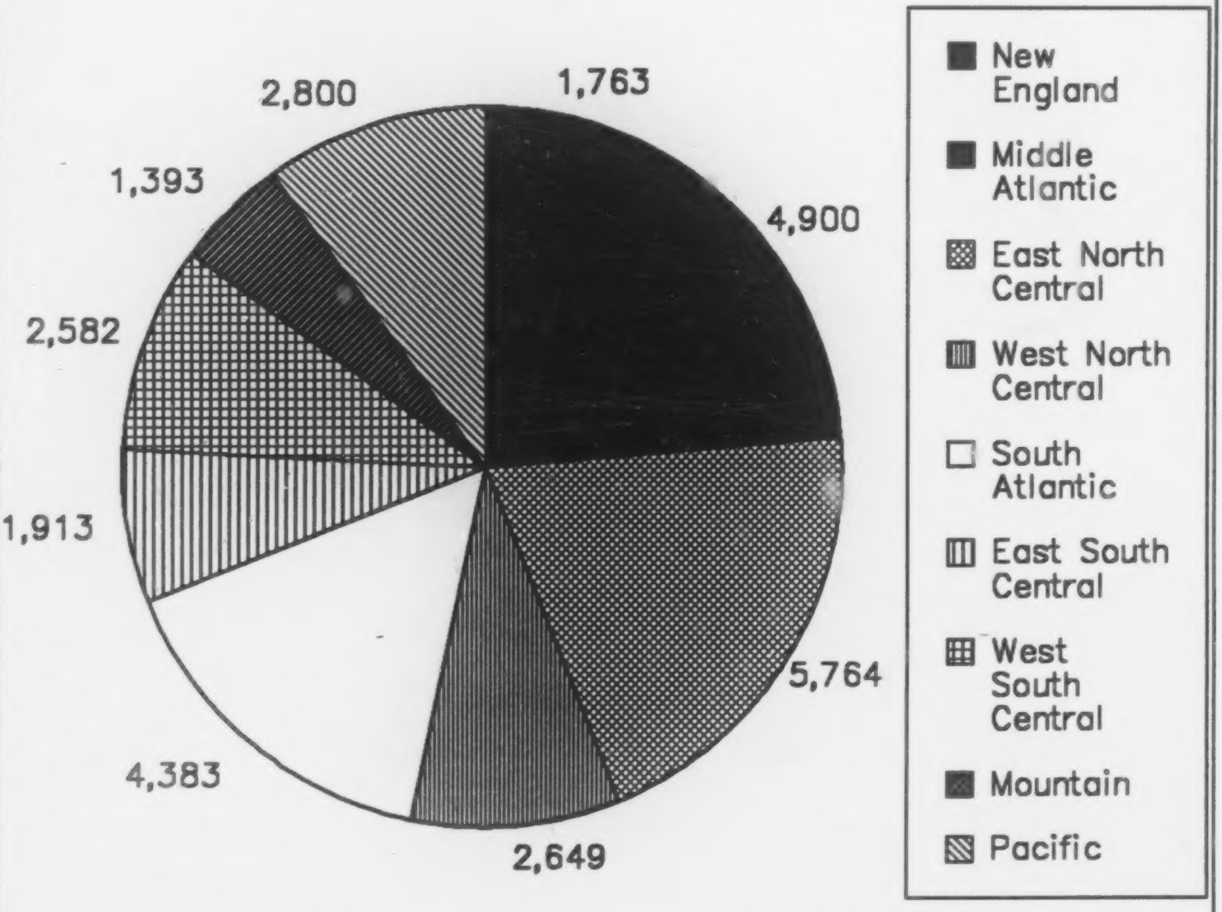
Section 2
Graphs

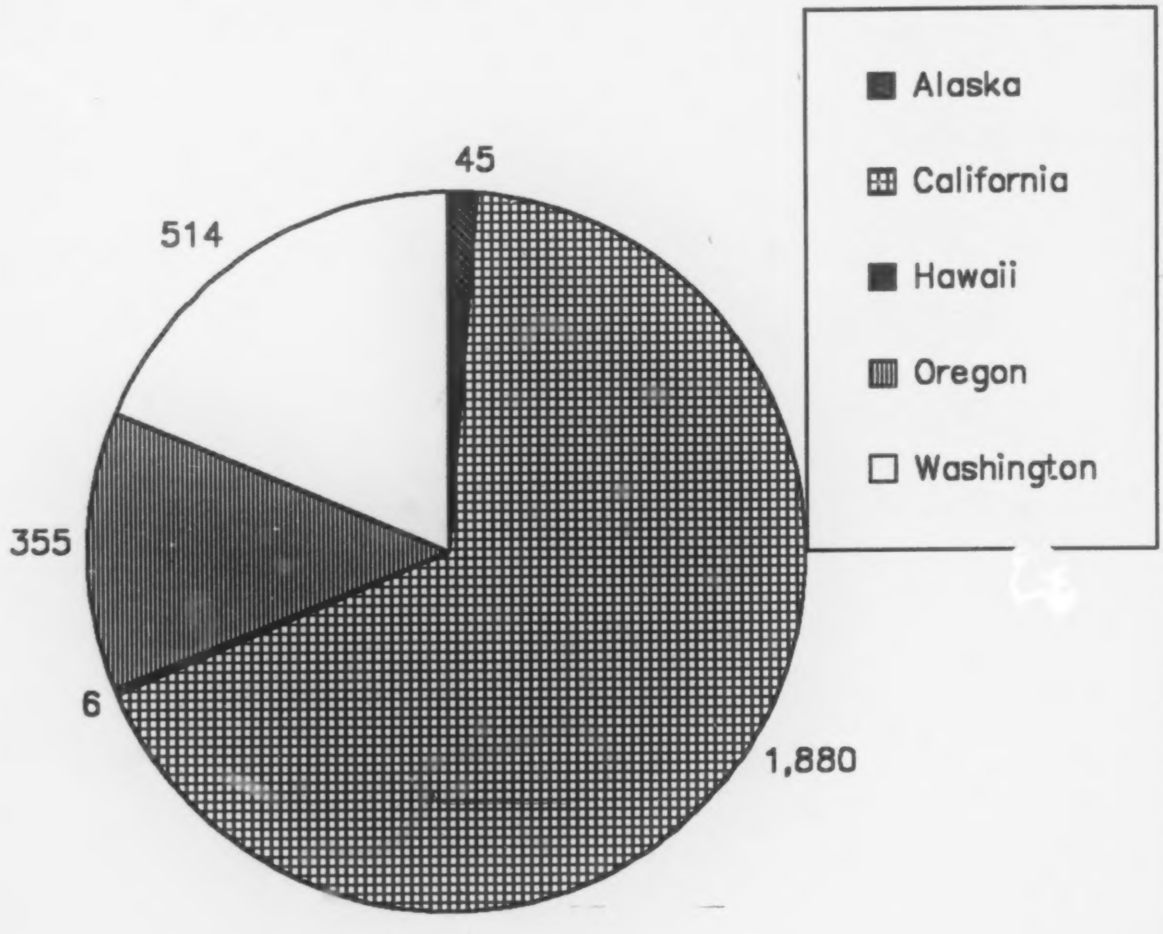
TOTAL NUMBER OF NEWLY LICENSED NURSES

The greatest number of newly licensed nurses reside in the East North Central states (5,764) followed by the Middle Atlantic (4,900). The smallest percentage currently live in the Mountain region (1,393).



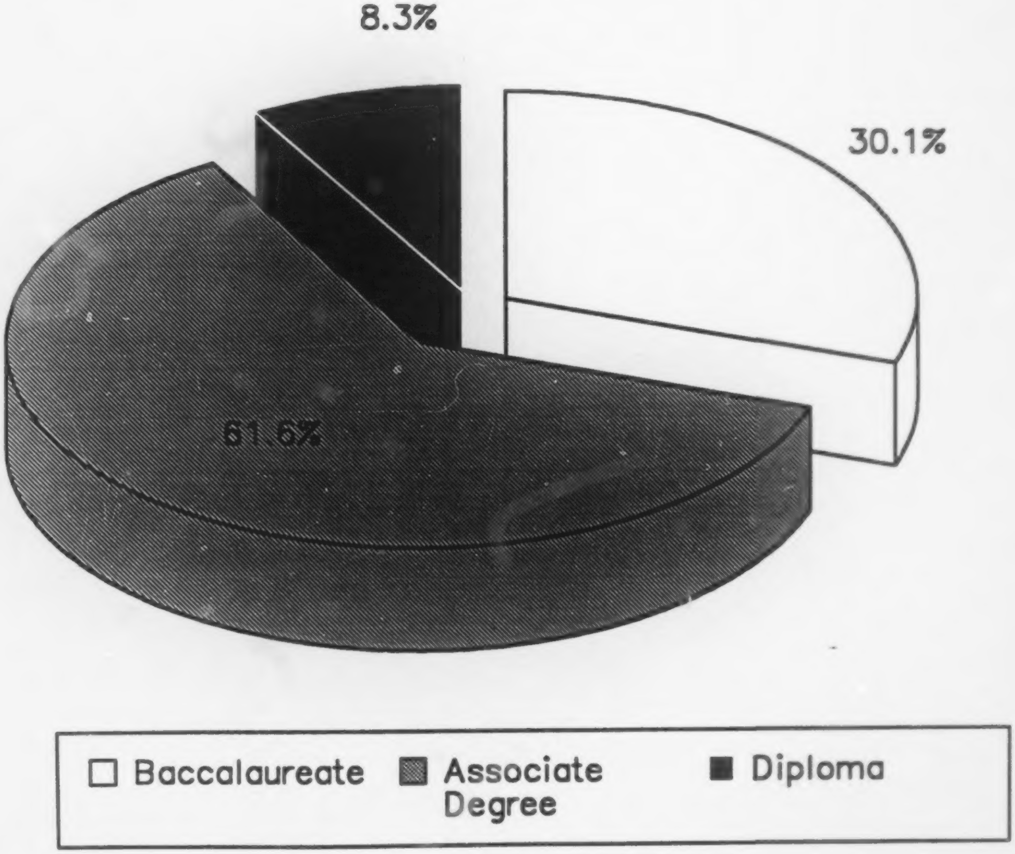
TOTAL NUMBER OF NEWLY LICENSED NURSES
Pacific Region

California has the largest number of new nurses in the Pacific region followed by Washington.



NEWLY LICENSED NURSES BY TYPE OF NURSING EDUCATION, 1990

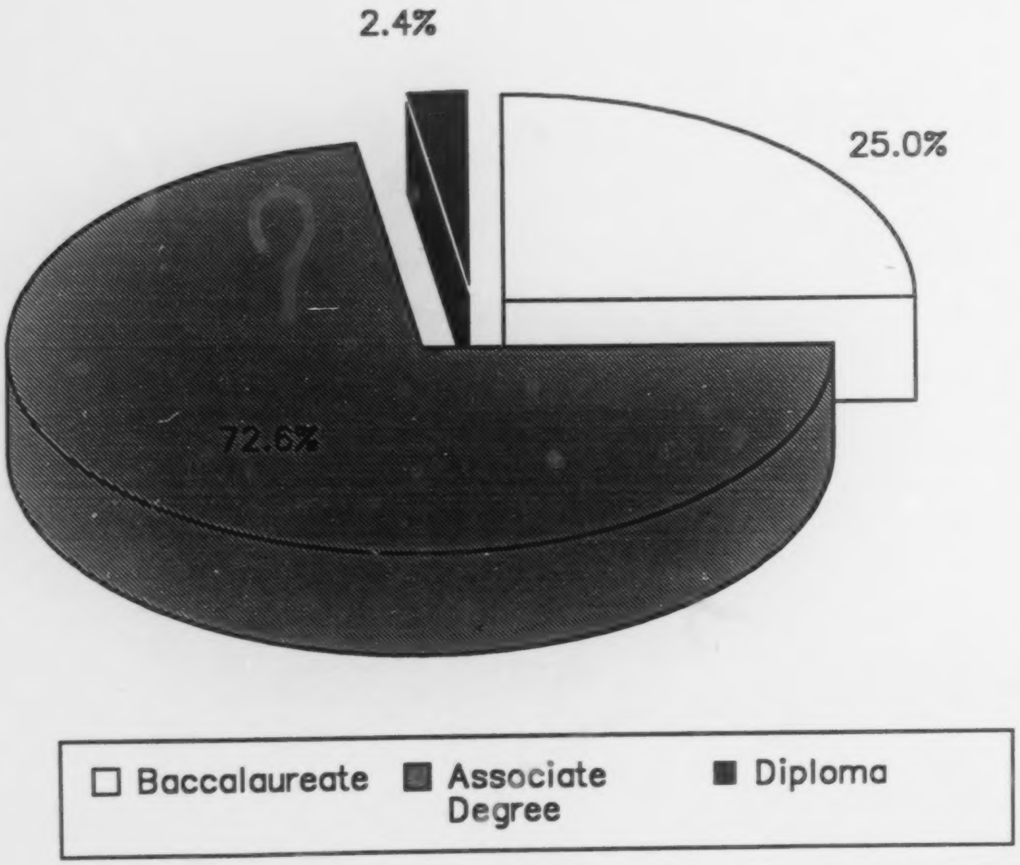
Over 60% of all new nurses have graduated from associate degree programs. Almost a third graduated with a baccalaureate, and just over 8% have diploma degrees.



NEWLY LICENSED NURSES BY TYPE OF NURSING EDUCATION, 1990

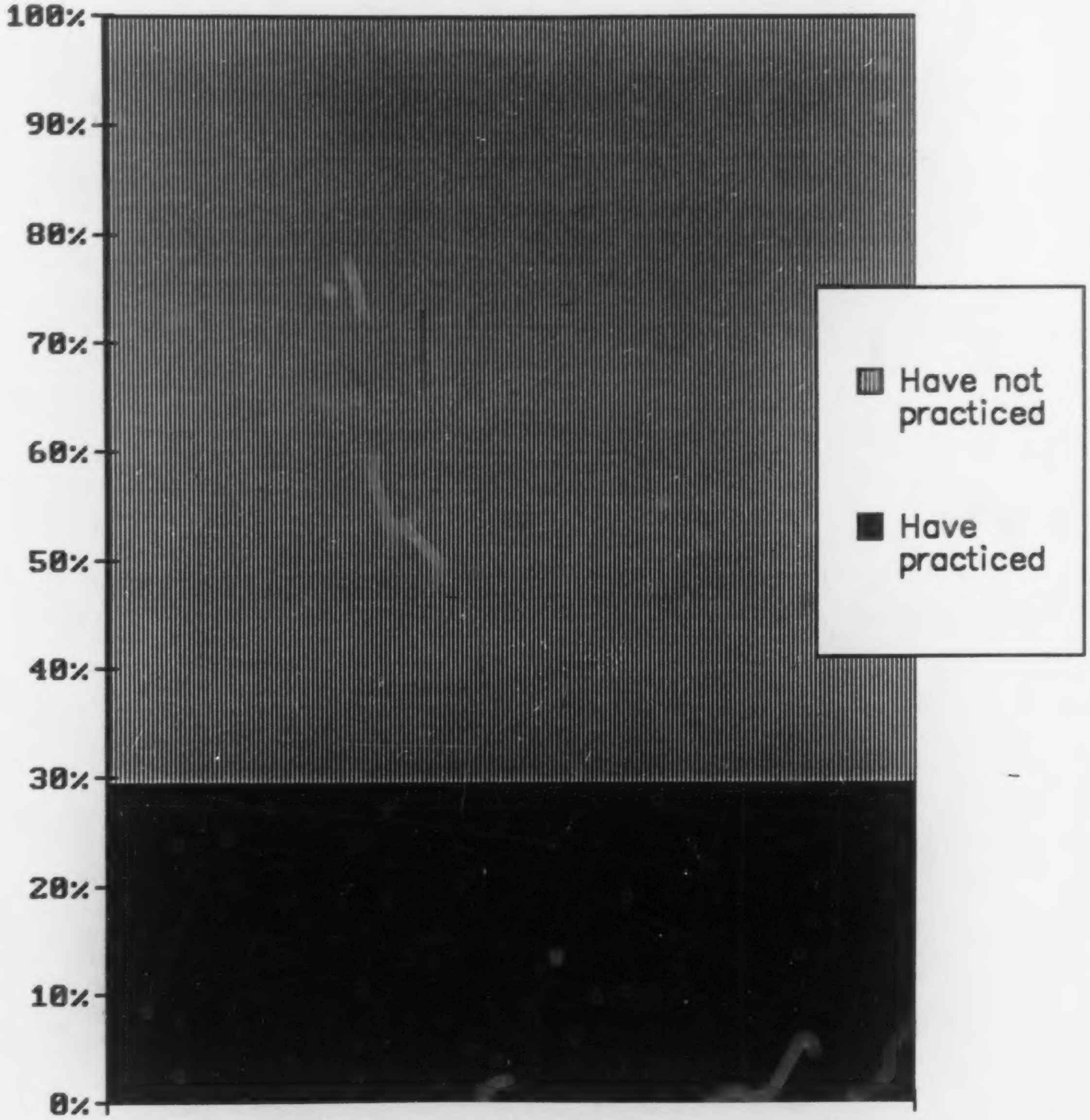
Pacific Region

Almost three-quarters of all new nurses have graduated from associate degree programs. Over a quarter graduated with a baccalaureate, and 2.4% have diploma degrees.



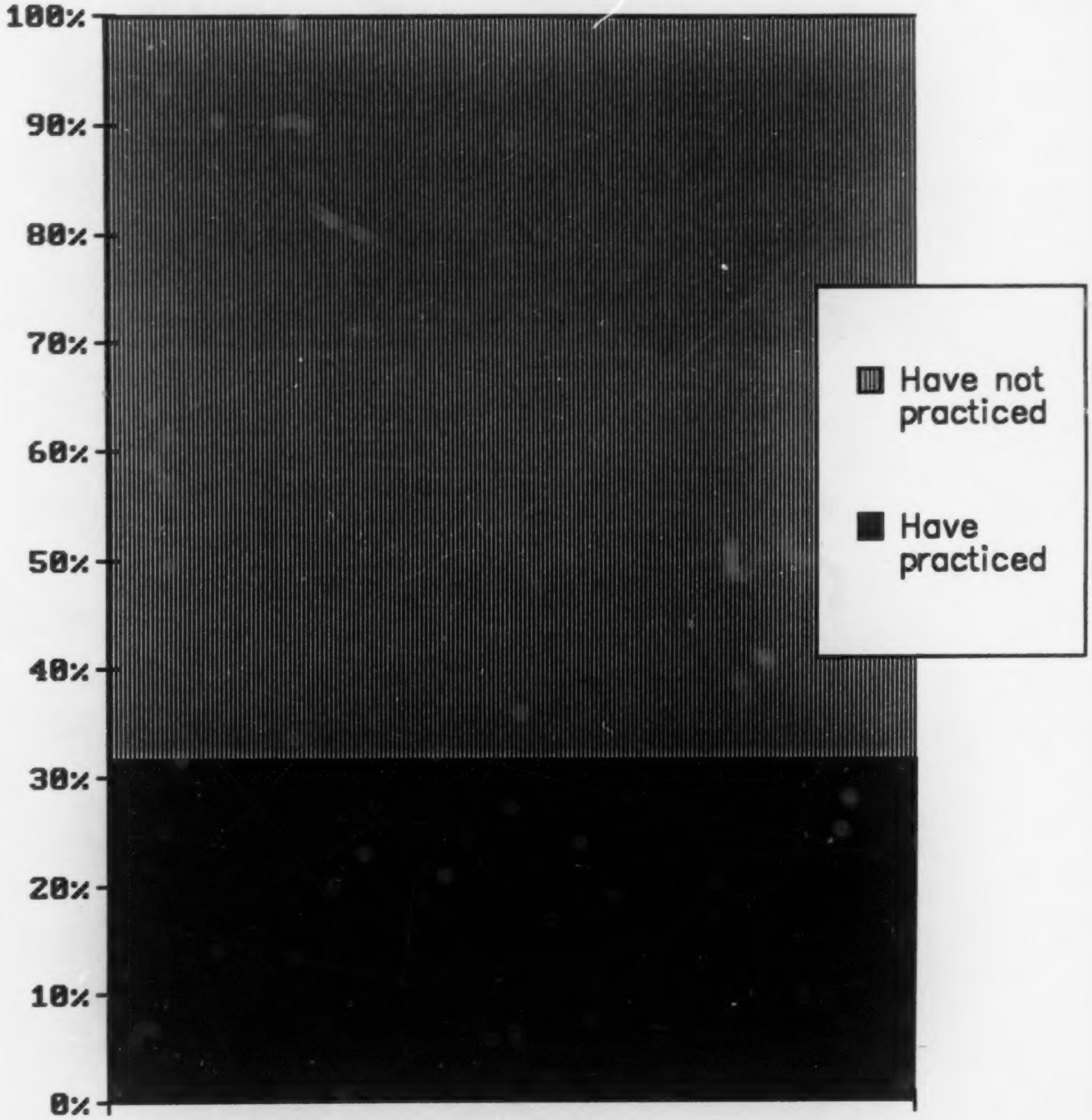
PRIOR LPN/LVN PRACTICE AMONG NEWLY LICENSED NURSES

Almost one–third of all newly licensed nurses have practiced as LPNs/LVNs.



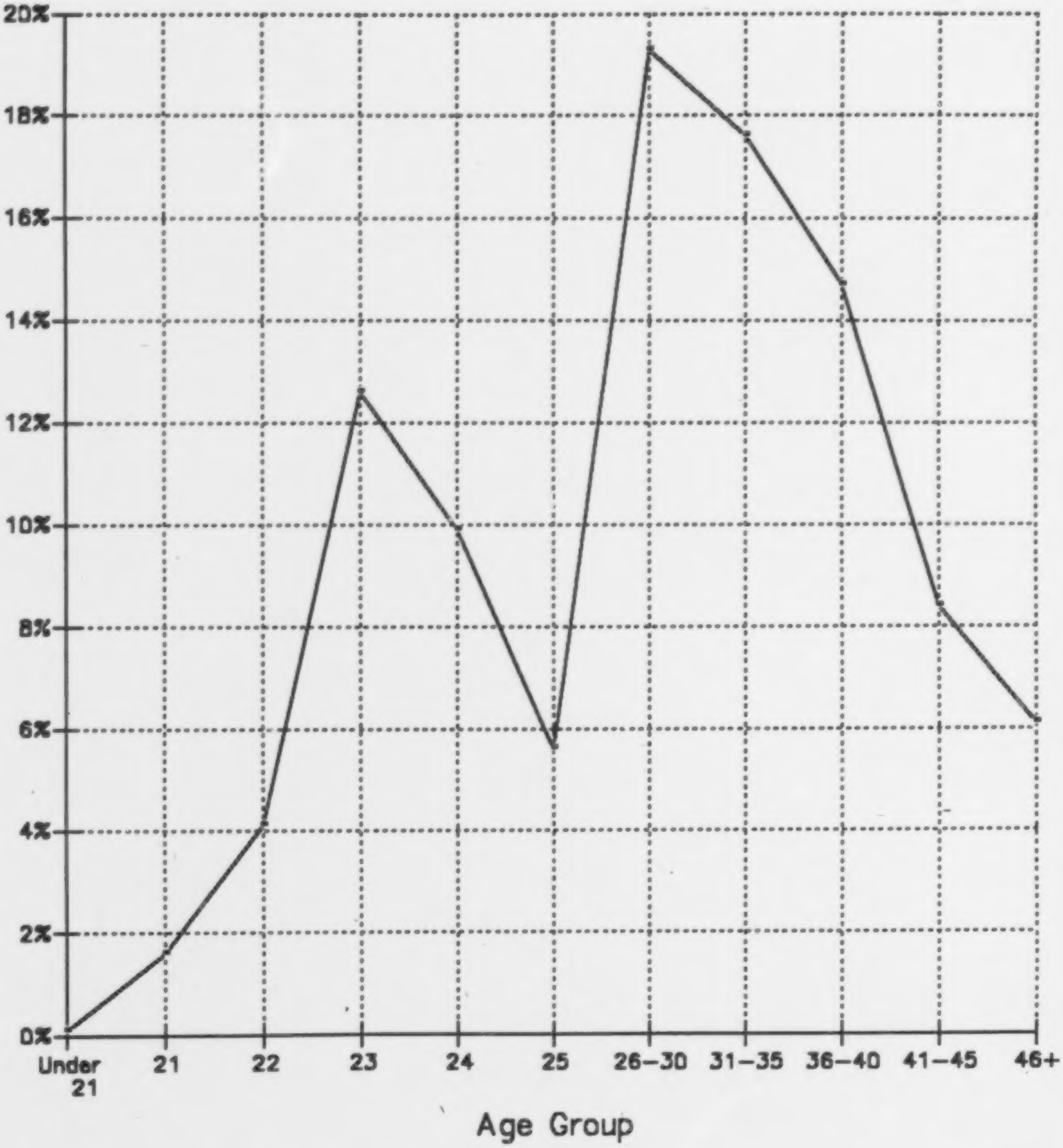
PRIOR LPN/LVN PRACTICE AMONG NEWLY LICENSED NURSES
Pacific Region

Of new nurses in the Pacific region, 32% have practiced as LPNs/LVNs.



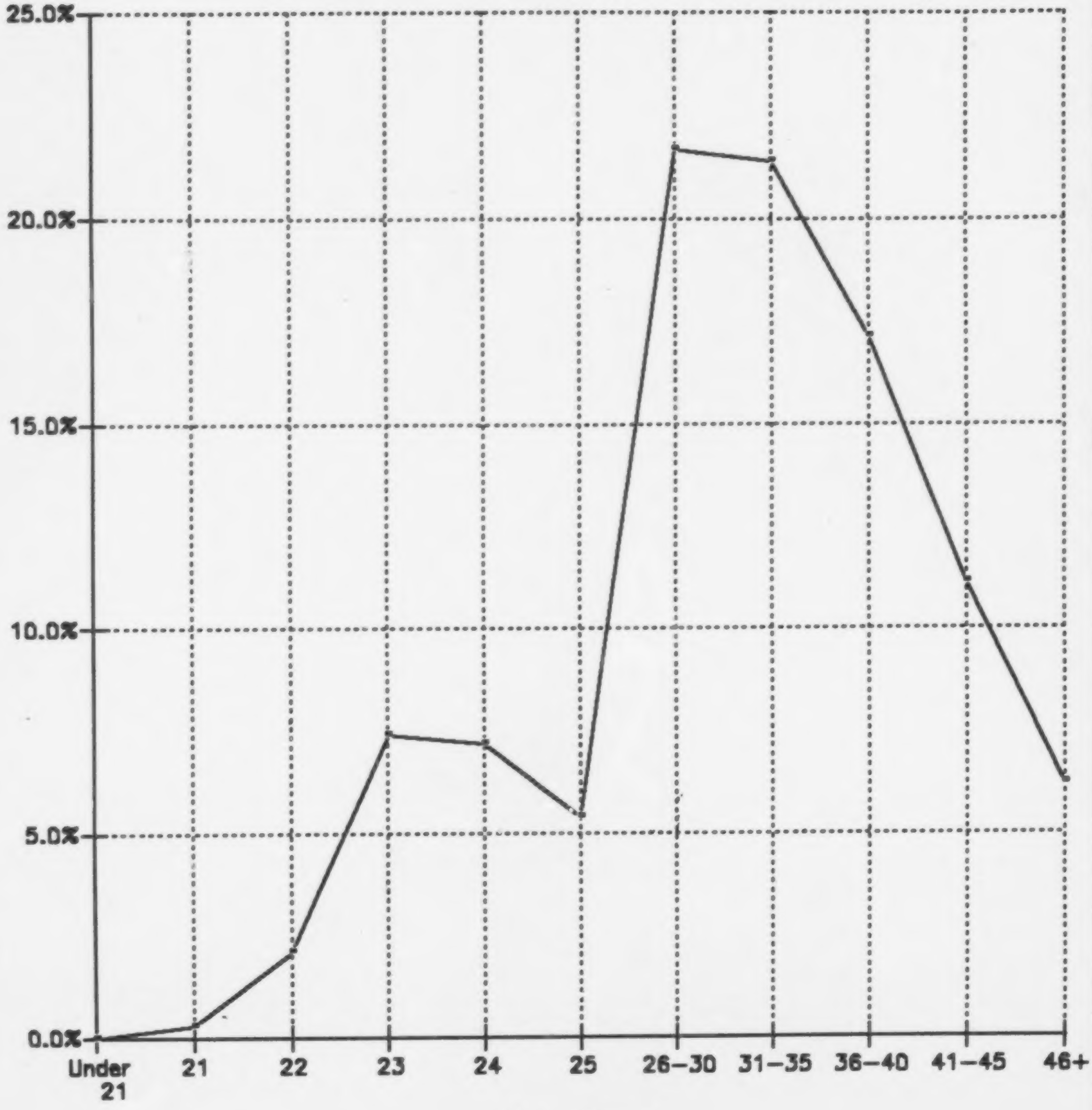
AGE DISTRIBUTION OF NEWLY LICENSED NURSES, 1990

The average age of new RNs is bimodal. The largest group of RNs consists of those 26 to 30 years old. Another peak exists at the 23-year-old mark.



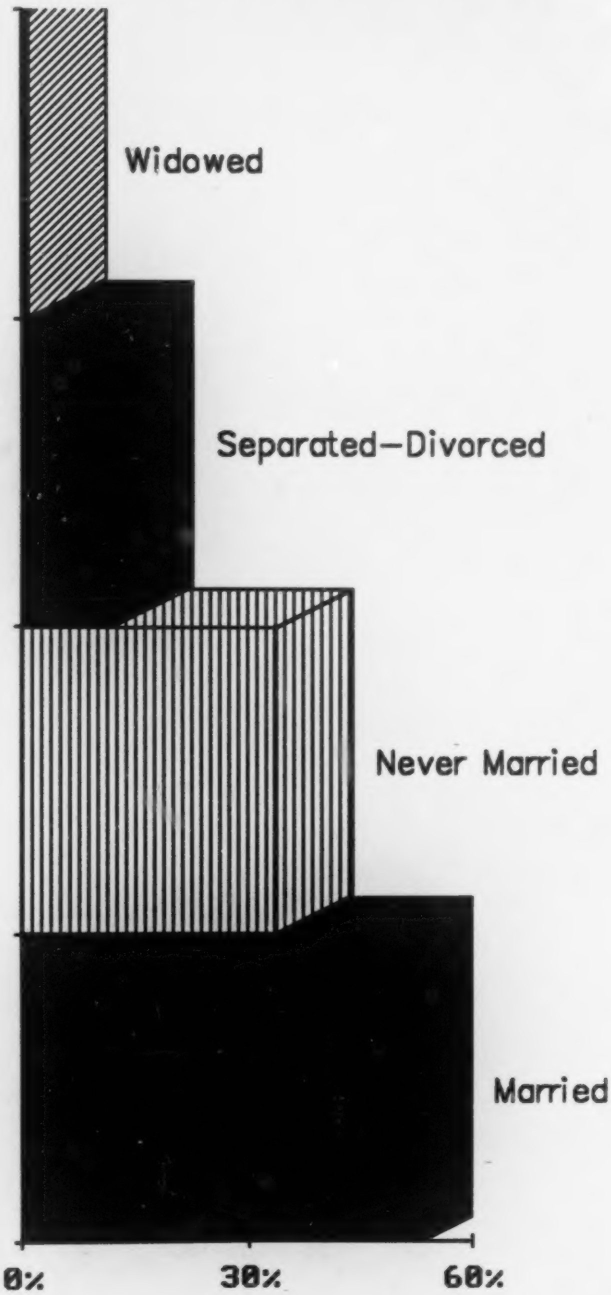
AGE DISTRIBUTION OF NEWLY LICENSED NURSES, 1990
Pacific Region

A large plurality of newly licensed nurses in the Pacific region are ages 26 to 35.



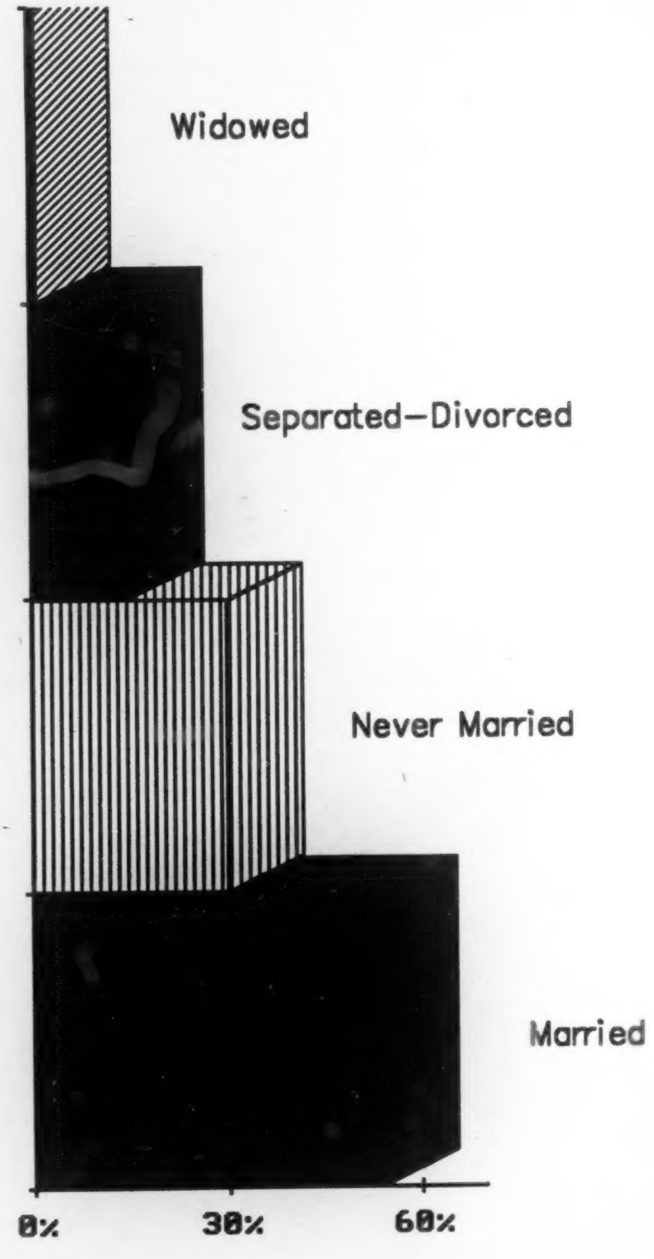
MARITAL STATUS OF NEWLY LICENSED NURSES, 1990

A majority of newly licensed nurses are married.



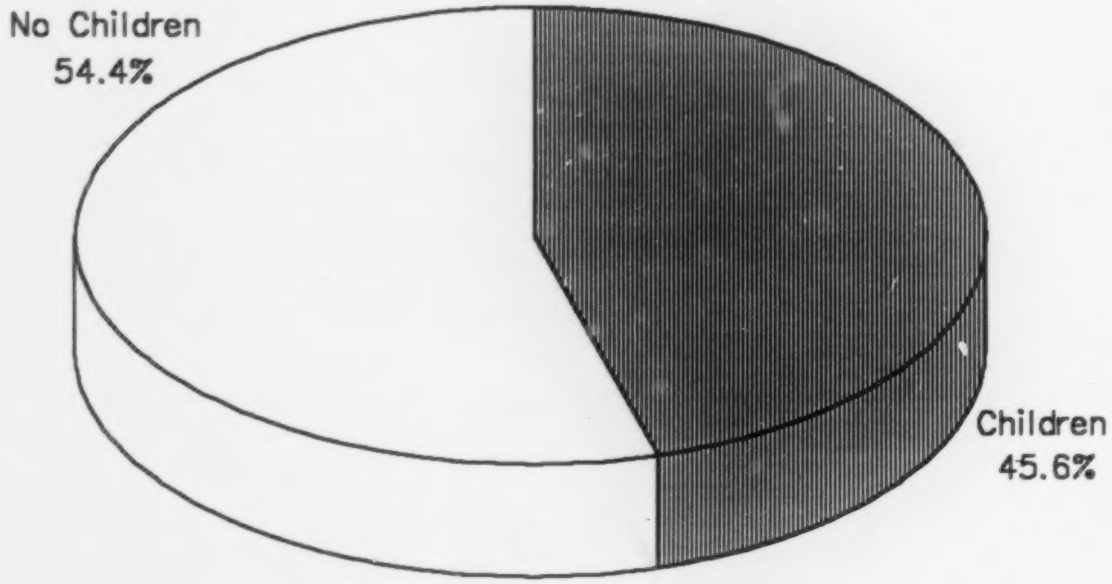
MARITAL STATUS OF NEWLY LICENSED NURSES, 1990
Pacific Region

A high proportion of new nurses in the Pacific region are married.



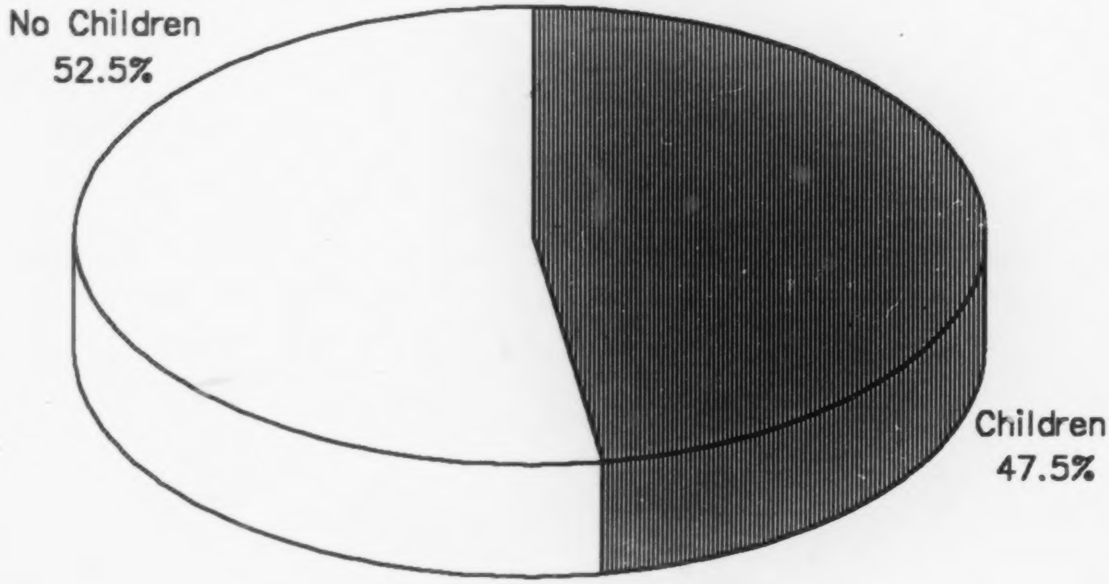
PERCENTAGE OF NEWLY LICENSED NURSES WITH AND WITHOUT CHILDREN, 1990

The percentage of newly licensed nurses who have children is almost equal to the percentage who have no children at home.



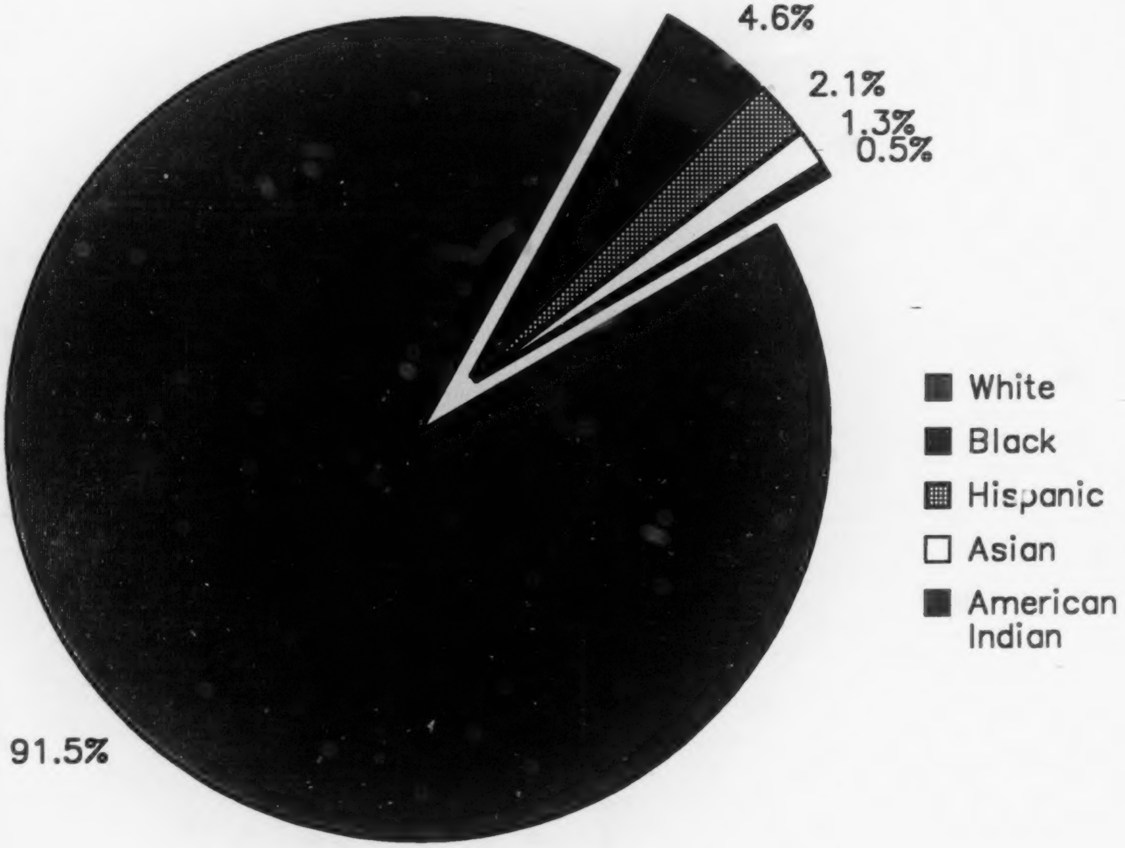
PERCENTAGE OF NEWLY LICENSED NURSES WITH AND WITHOUT CHILDREN, 1990
Pacific Region

New nurses in the Pacific region are split almost evenly between those with and without children.



RACIAL/ETHNIC BACKGROUND OF NEWLY LICENSED NURSES, 1990

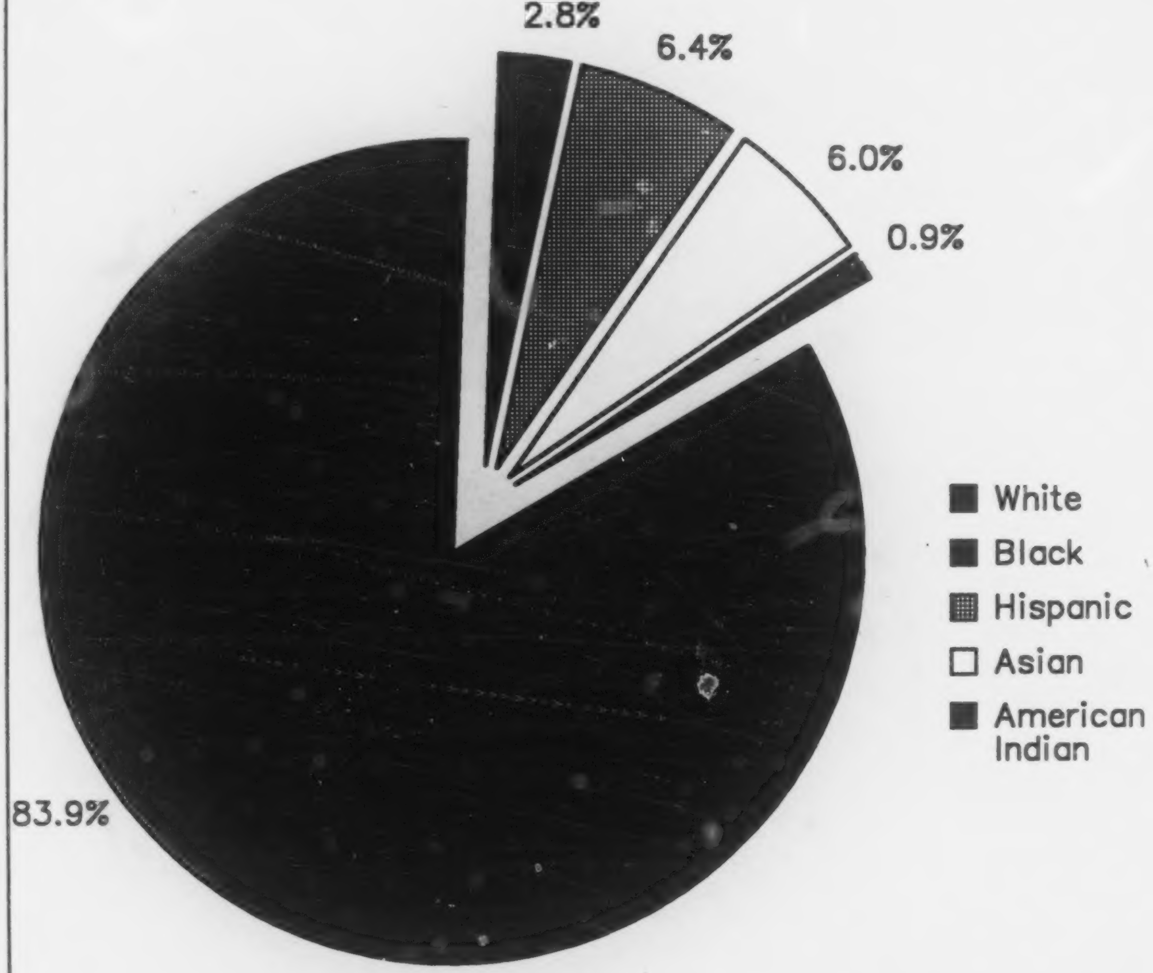
The overwhelming majority of newly licensed nurses are white. Less than 9% are non-white.



RACIAL/ETHNIC BACKGROUND OF NEWLY LICENSED NURSES, 1990

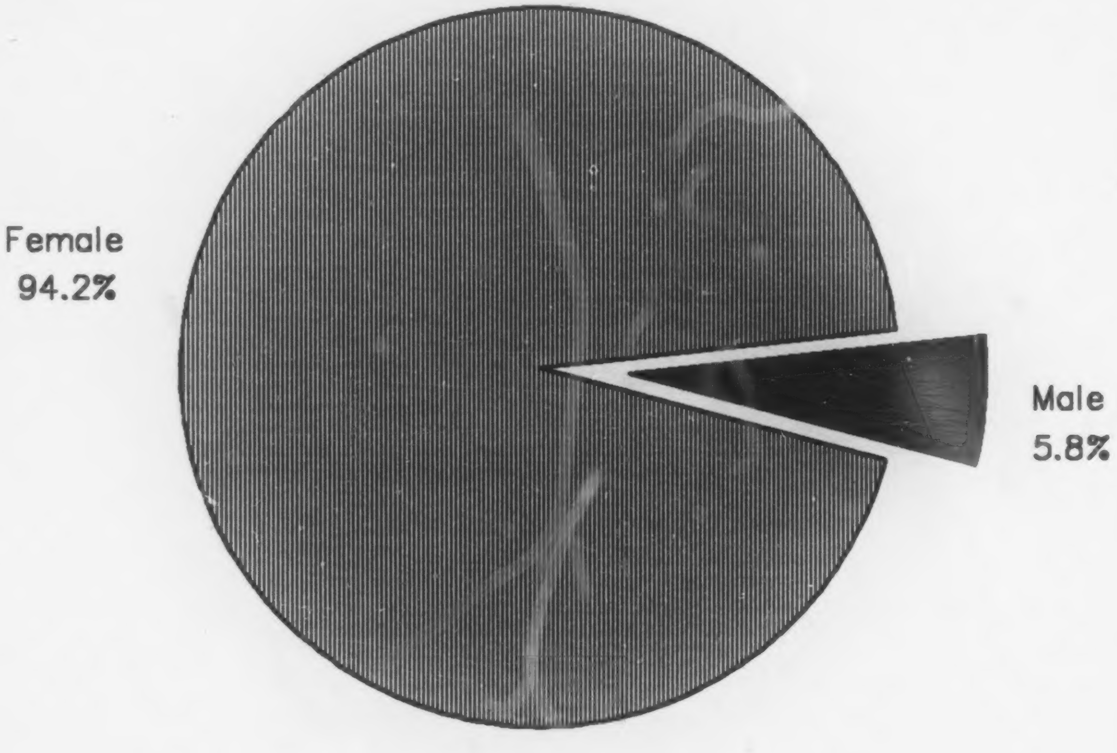
Pacific Region

The overwhelming majority of newly licensed nurses are white. Hispanics and Asians each represent about 6%.



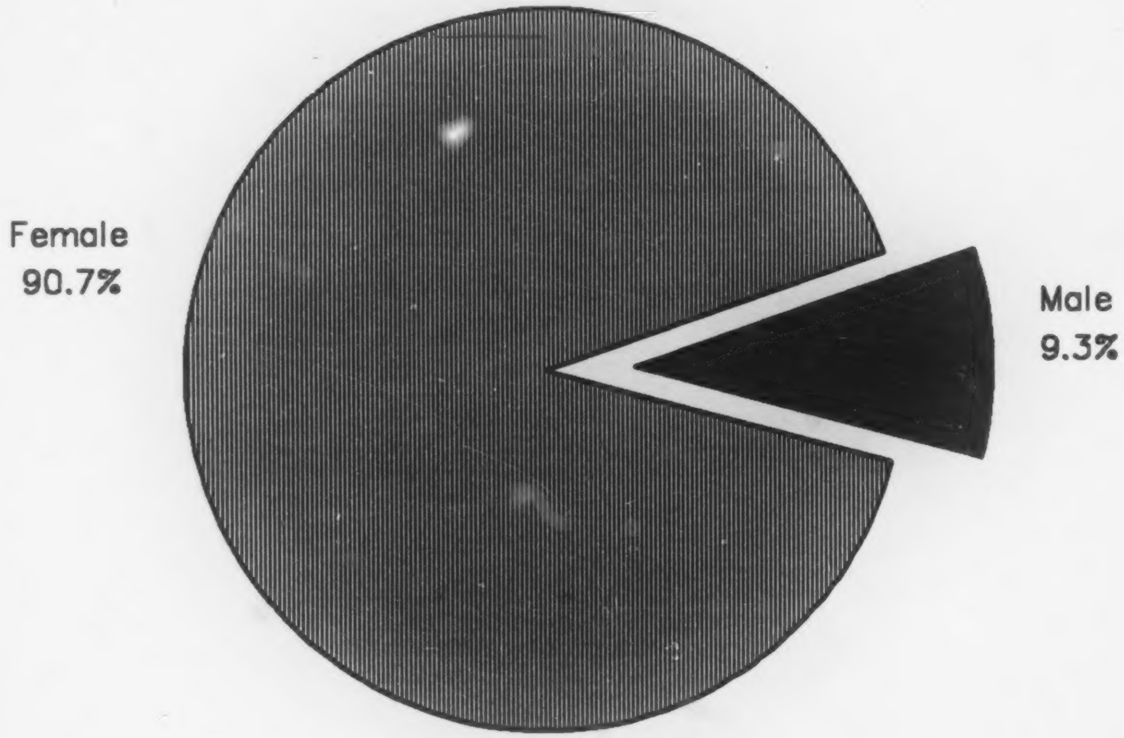
GENDER OF NEWLY LICENSED NURSES, 1990

An overwhelming majority of newly licensed nurses are female.



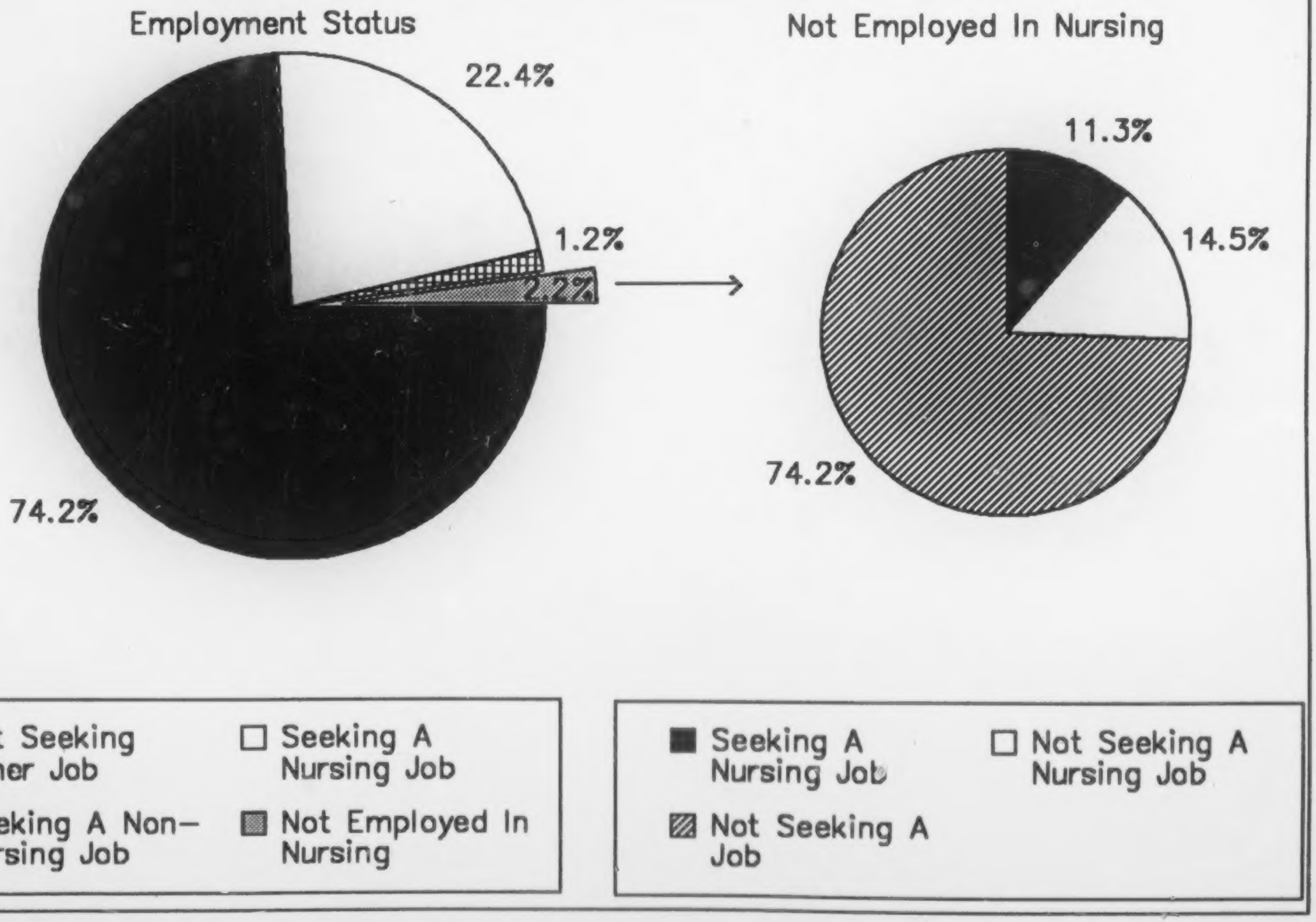
GENDER OF NEWLY LICENSED NURSES, 1990
Pacific Region

While an overwhelming majority of newly licensed nurses are female, the Pacific region has the largest number of male nurses.



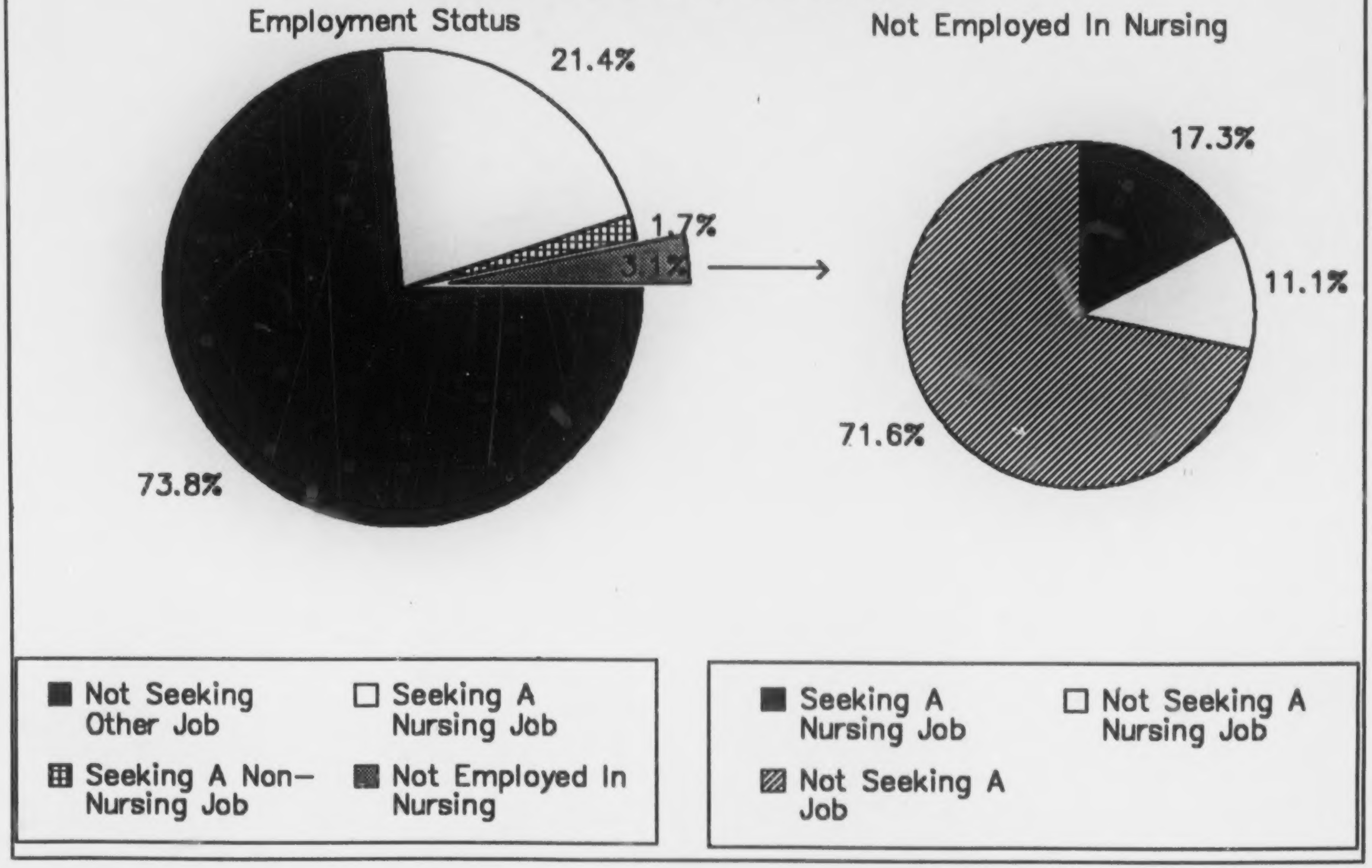
Employment Status of Newly Licensed Nurses, 1990

Over two–thirds of new nurses currently employed in nursing
are not seeking another job. Of those unemployed,
74% are voluntarily unemployed.



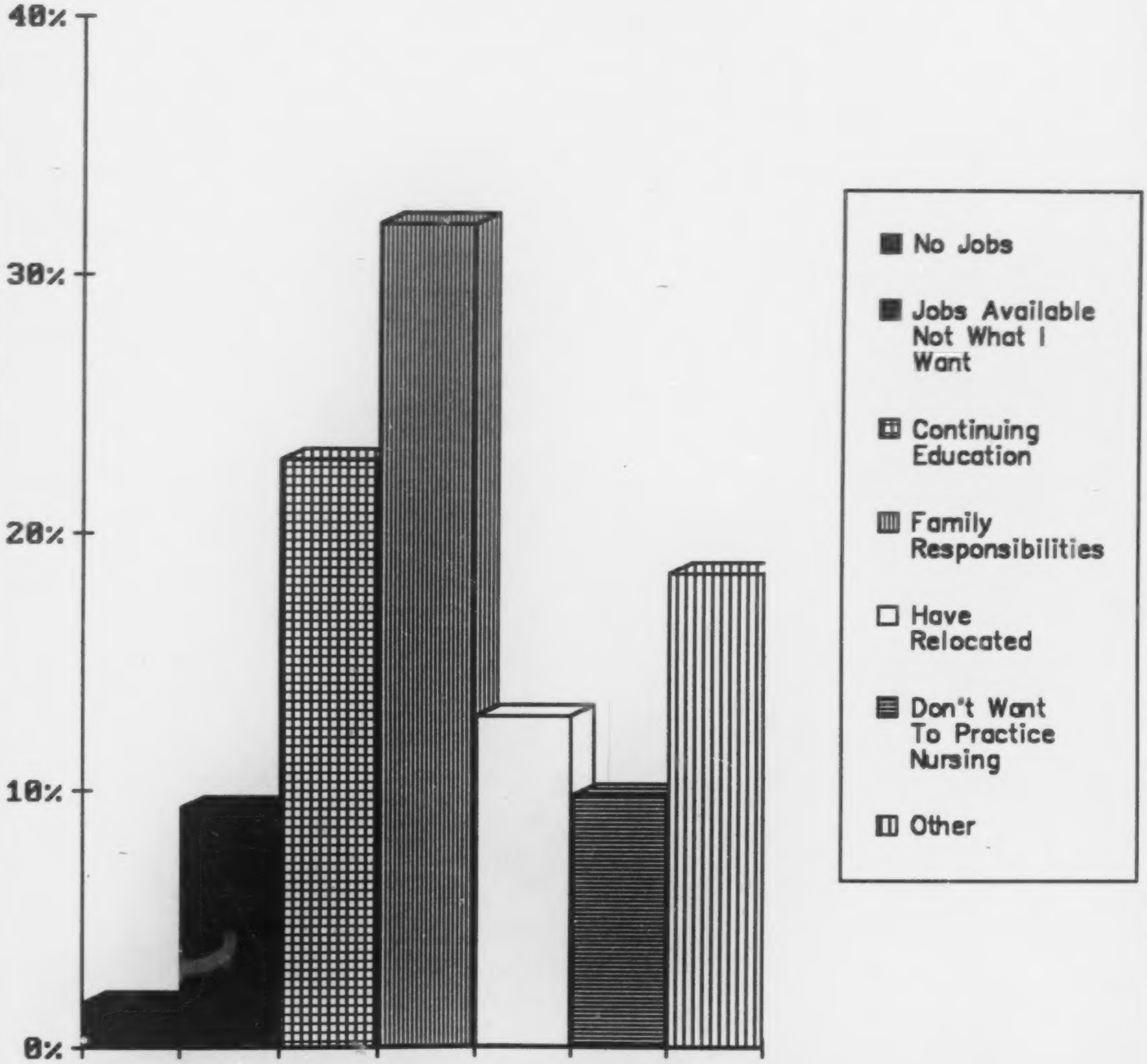
Employment Status of Newly Licensed Nurses, 1990
Pacific Region

Over two-thirds of new nurses currently employed in nursing are not seeking another job. Of those unemployed, 72% are voluntarily unemployed.



MAIN REASON WHY NEWLY LICENSED NURSES ARE NOT EMPLOYED IN NURSING

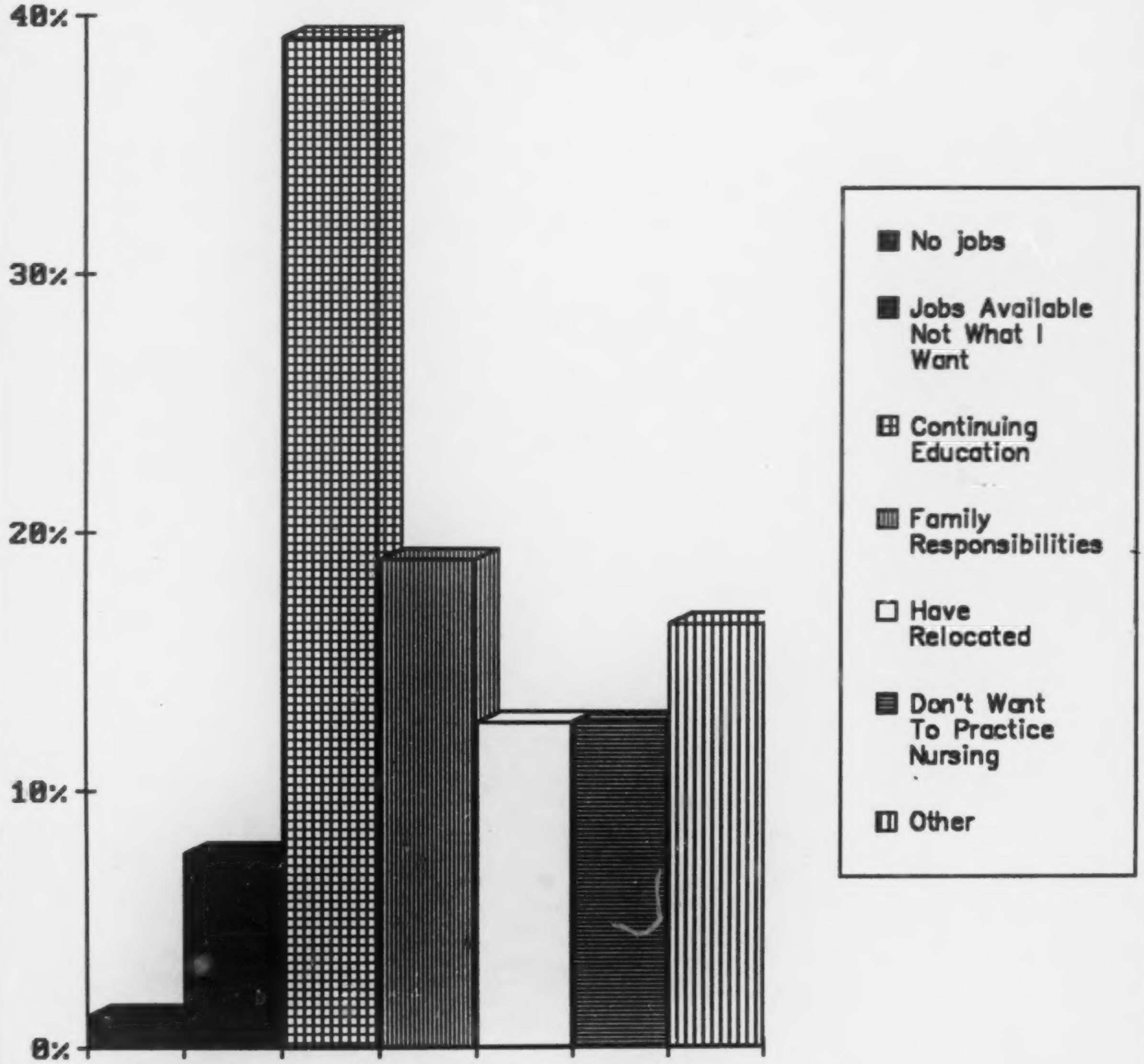
Respondents most often cited "family responsibilities" as their main reason for not currently holding a nursing position.



Note: Only 2 percent of all newly licensed nurses are not employed in nursing. Multiple responses allowed.

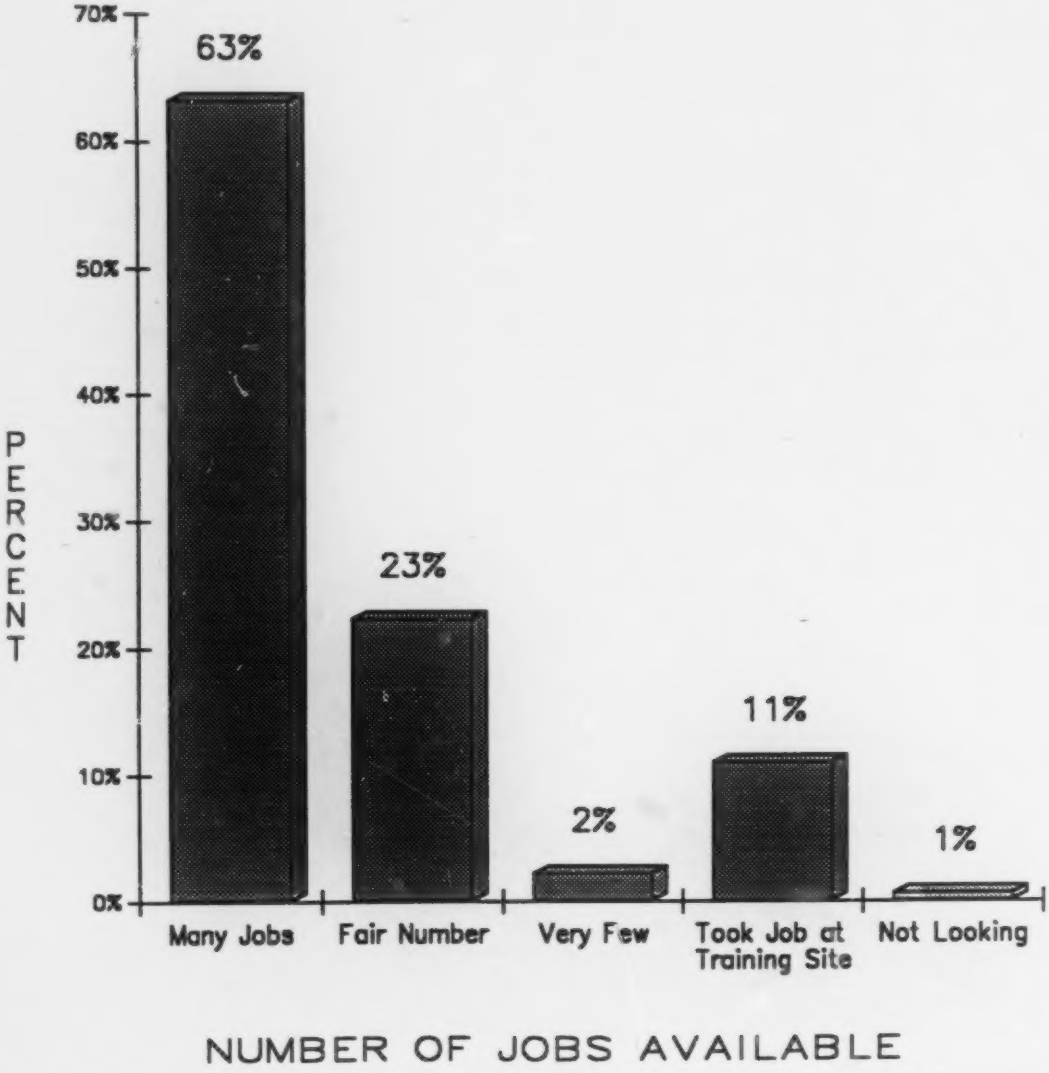
MAIN REASON WHY NEWLY LICENSED NURSES ARE NOT EMPLOYED IN NURSING
Pacific Region

Respondents most often cited "continuing education" as their main reason for not currently holding a nursing position.



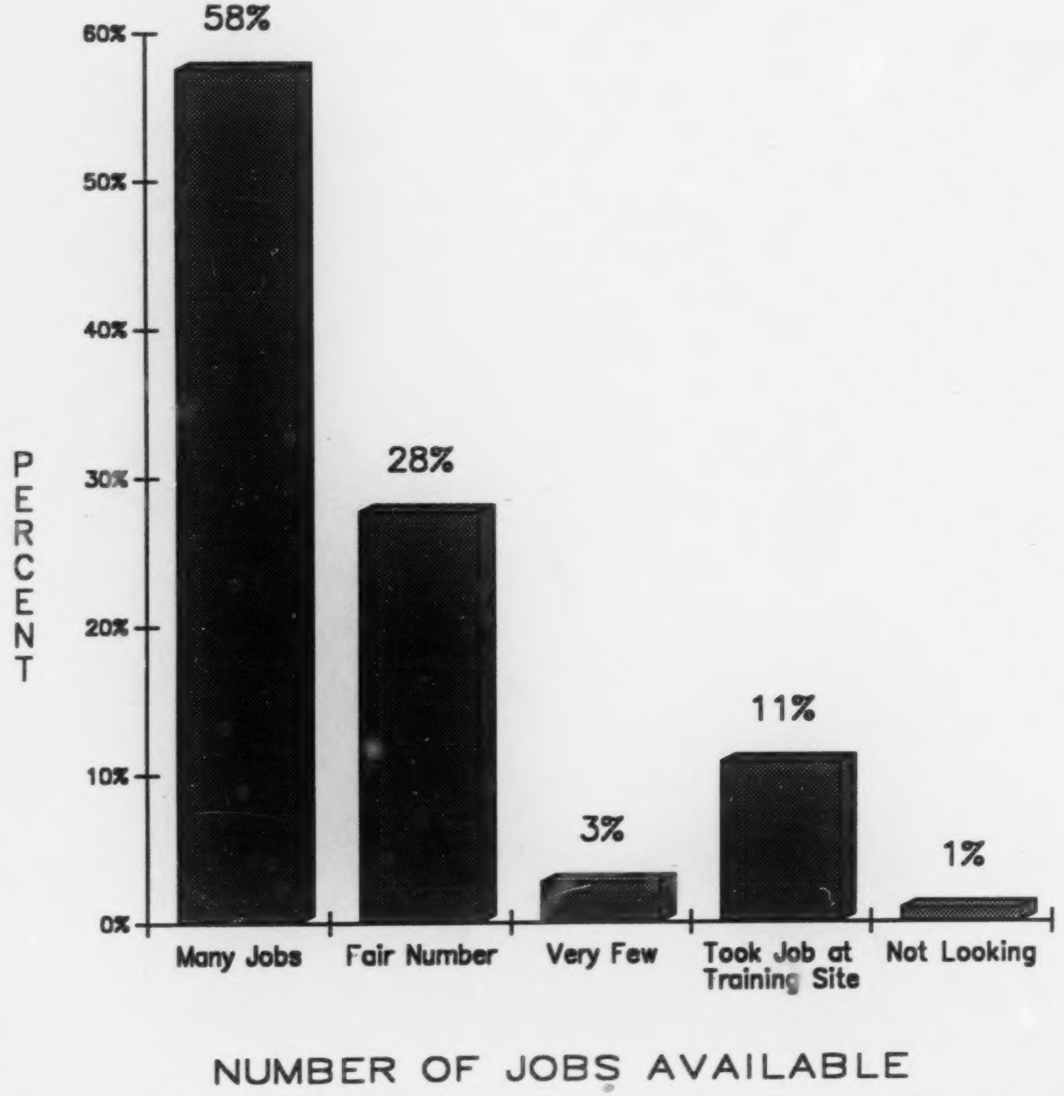
PERCEPTIONS OF JOB AVAILABILITY OF NEWLY LICENSED NURSES, 1990

Almost two-thirds stated that "many jobs" were available when they were job-hunting indicating that demand for new RNs is strong.



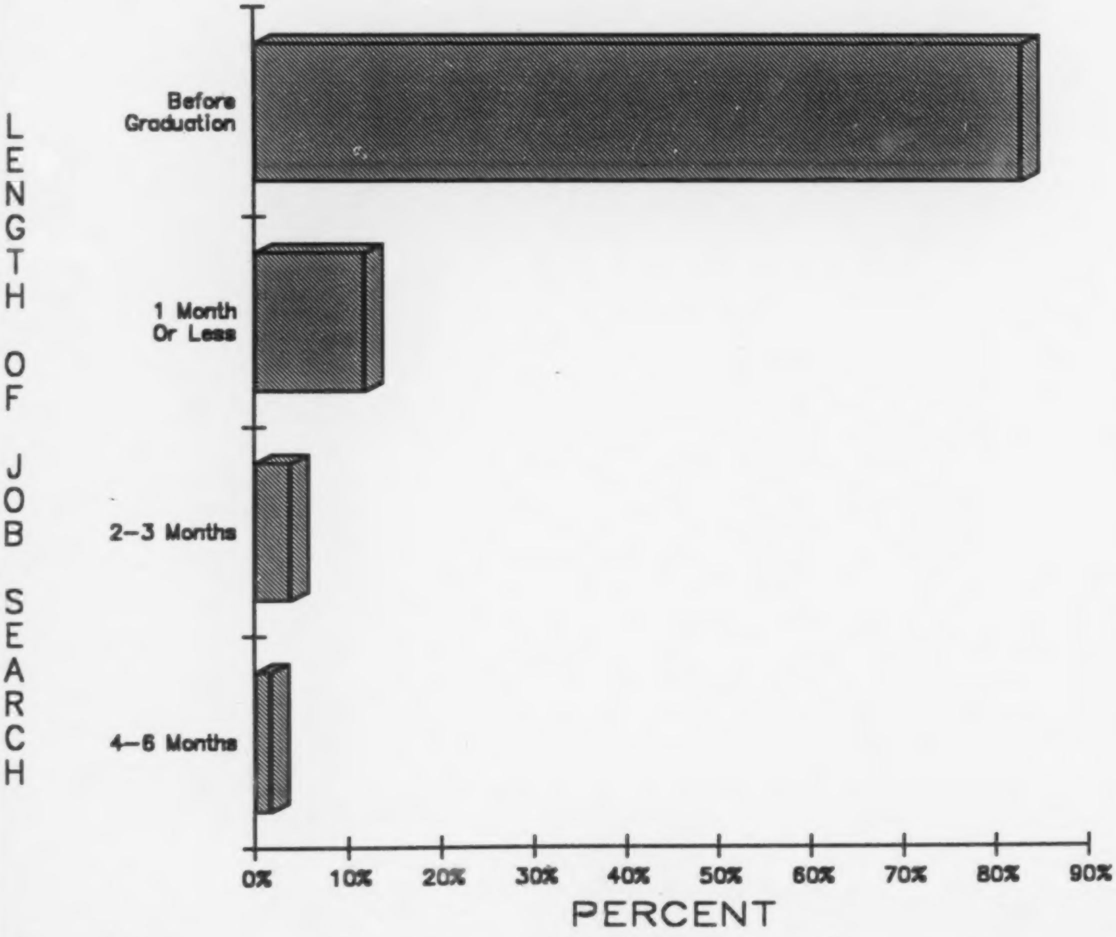
PERCEPTIONS OF JOB AVAILABILITY OF NEWLY LICENSED NURSES, 1990
Pacific Region

Over one-half (57.6%) stated that "many jobs" were available when they were job-hunting.



LENGTH OF JOB SEARCH OF NEWLY LICENSED NURSES, 1990

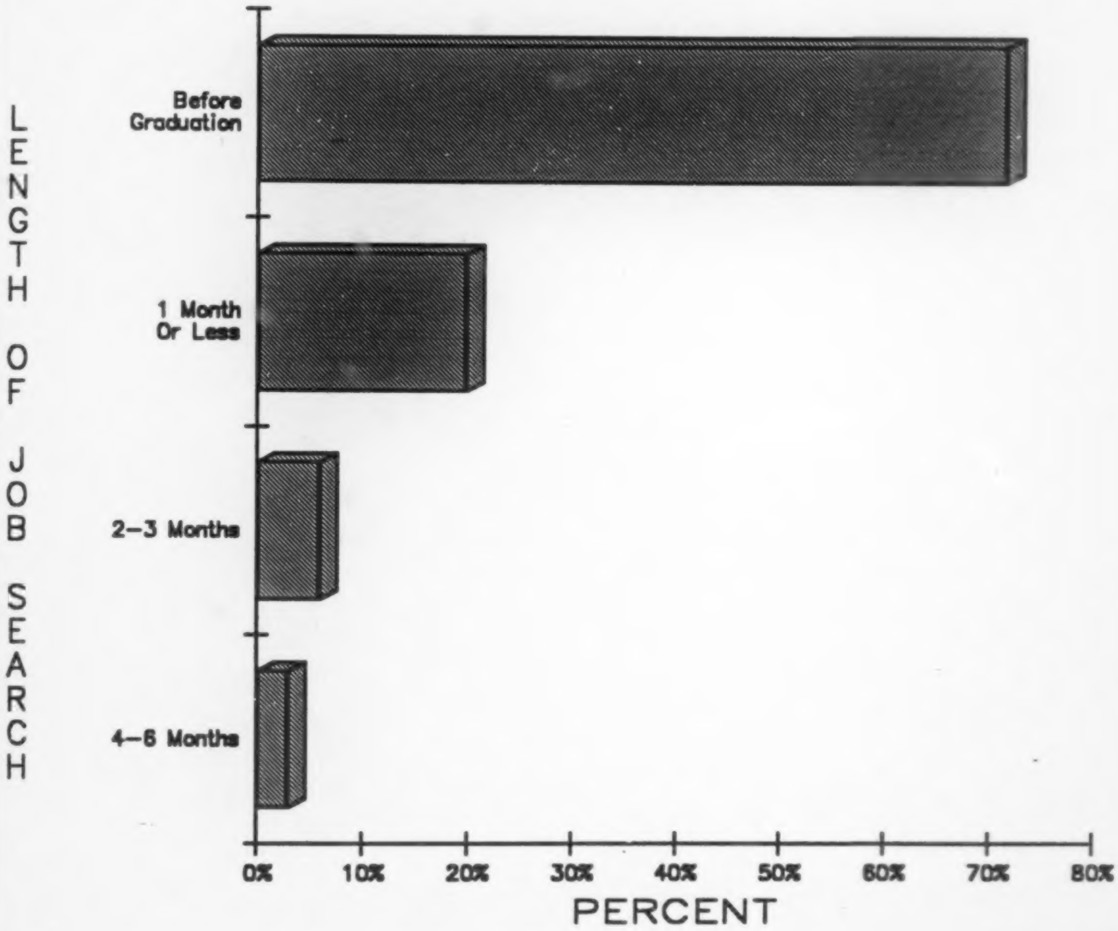
Demand for new RNs is high. Over 90% found jobs either before or within one month of graduation.



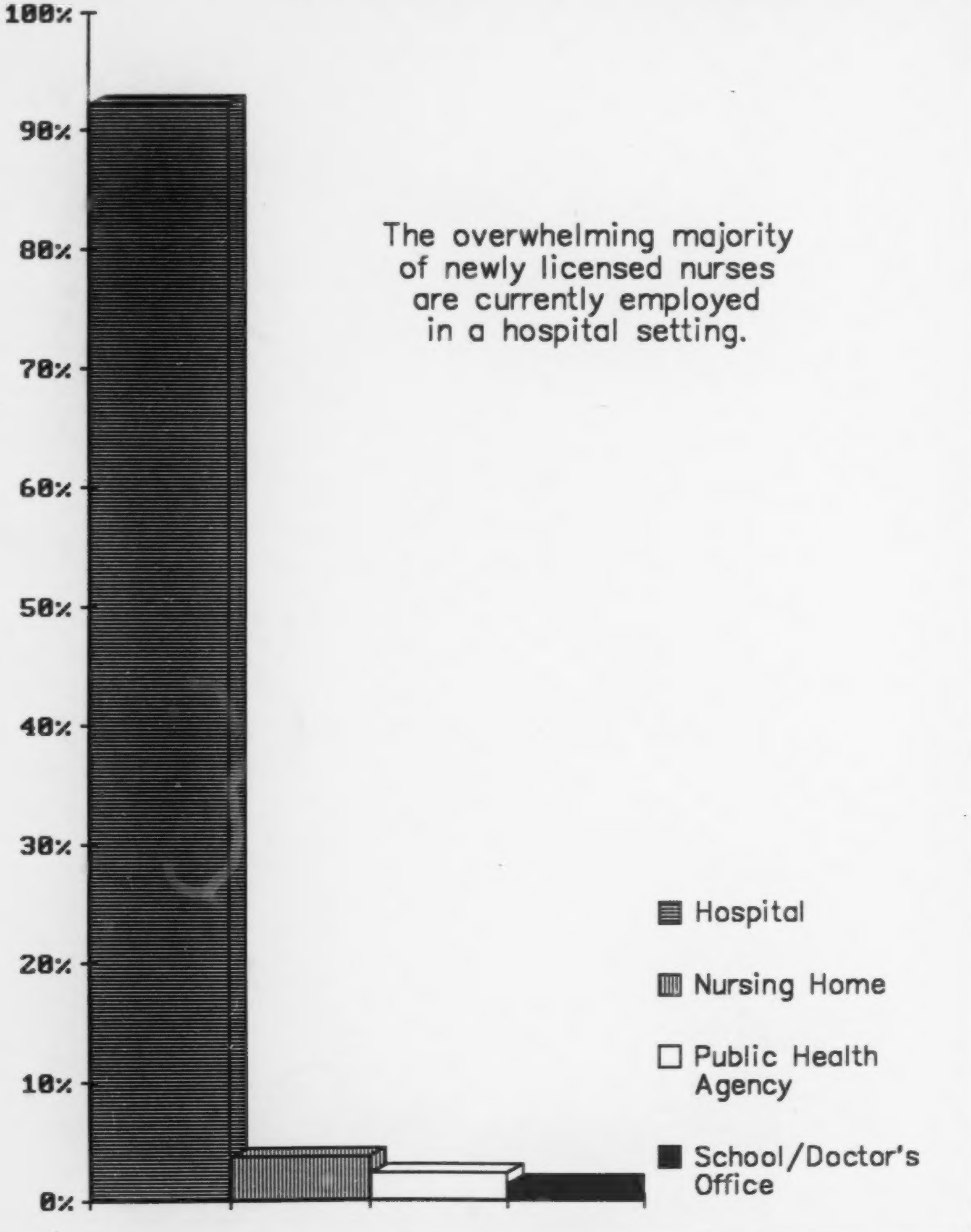
LENGTH OF JOB SEARCH OF NEWLY LICENSED NURSES, 1990

Pacific Region

Demand for new RNs is high. Over 71% found jobs before graduation.

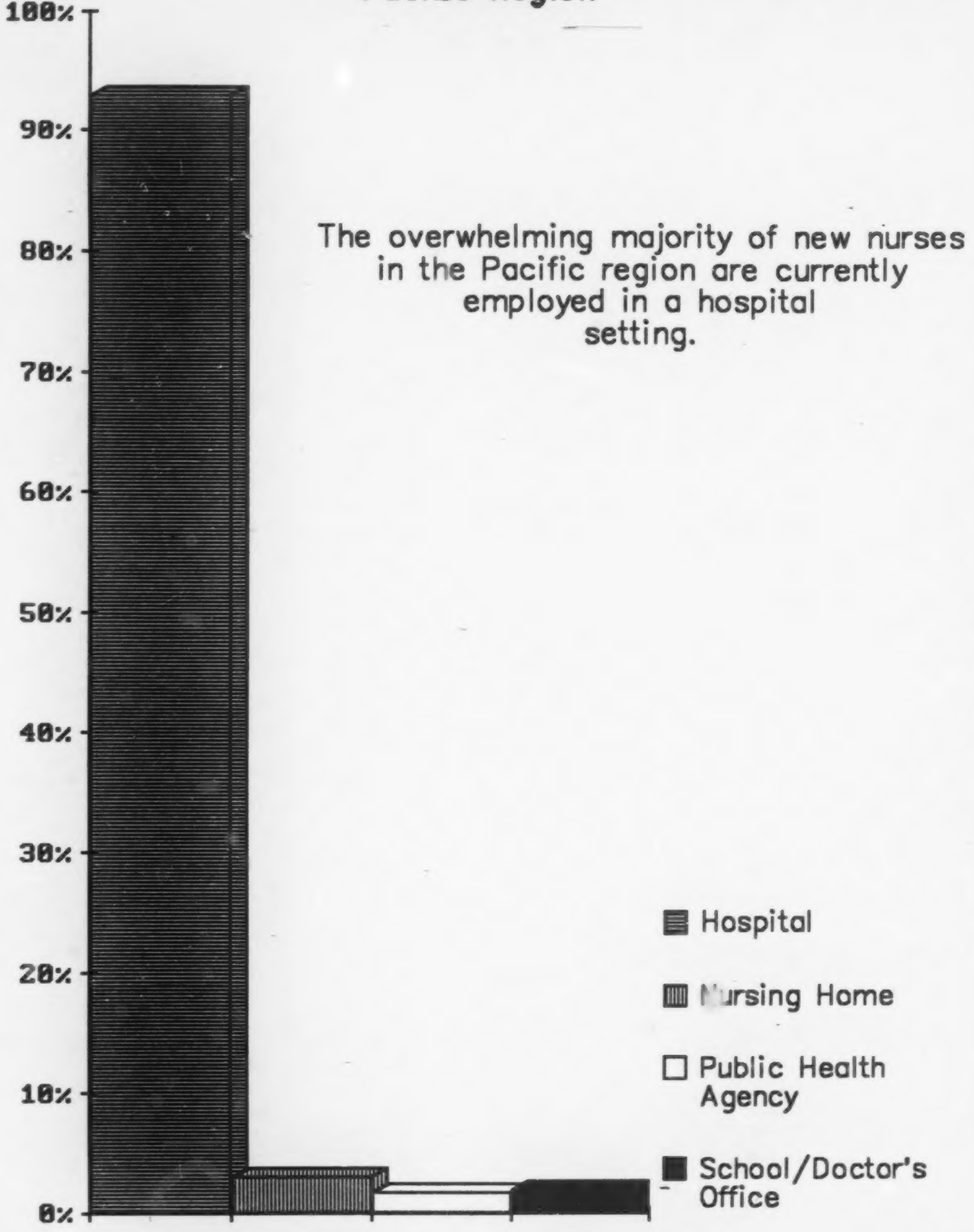


EMPLOYMENT SETTINGS OF NEWLY LICENSED NURSES, 1990



The overwhelming majority of newly licensed nurses are currently employed in a hospital setting.

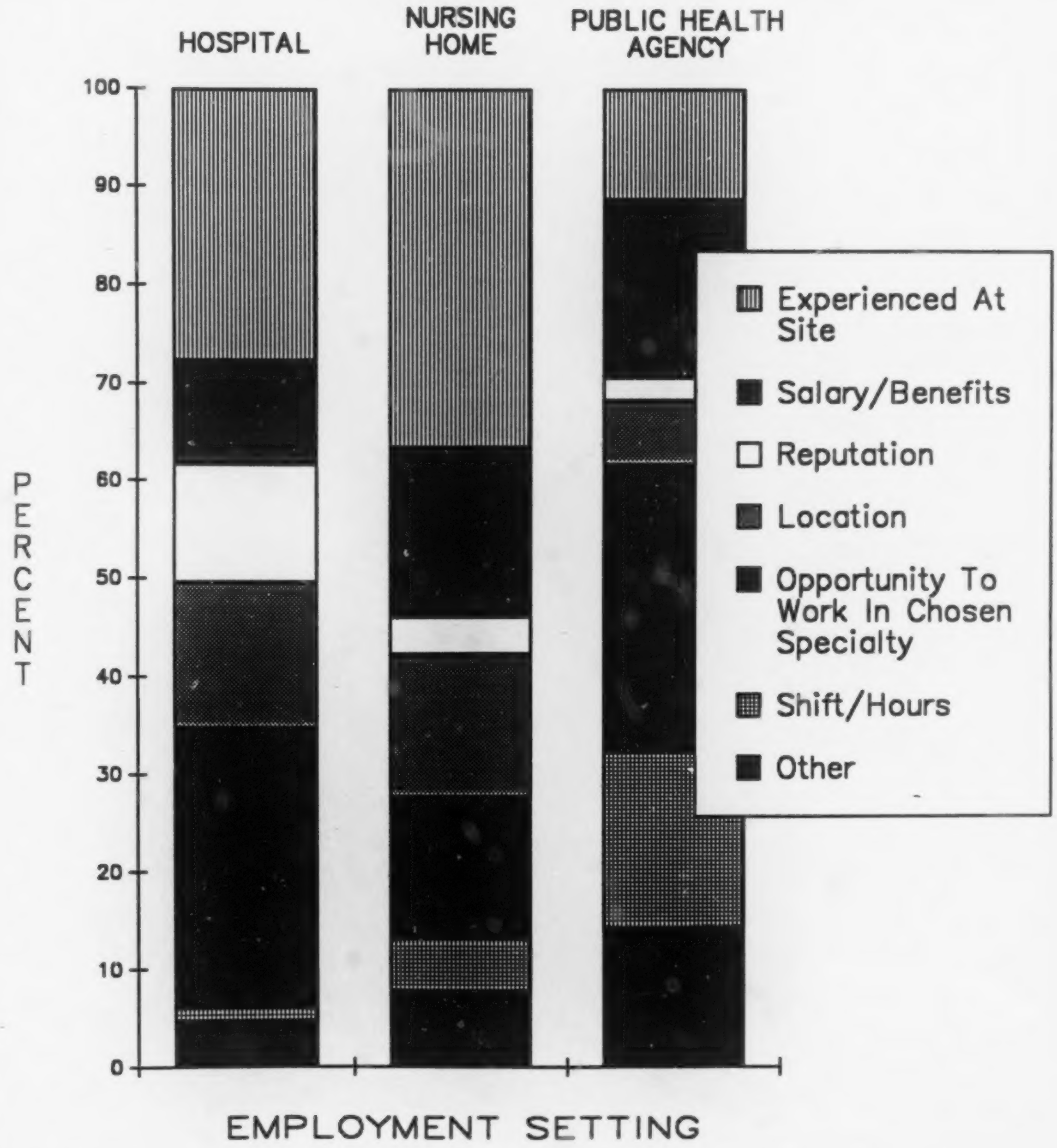
EMPLOYMENT SETTINGS OF NEWLY LICENSED NURSES, 1990
Pacific Region



The overwhelming majority of new nurses in the Pacific region are currently employed in a hospital setting.

REASONS FOR CHOOSING CURRENT POSITION BY EMPLOYMENT SETTING, 1990

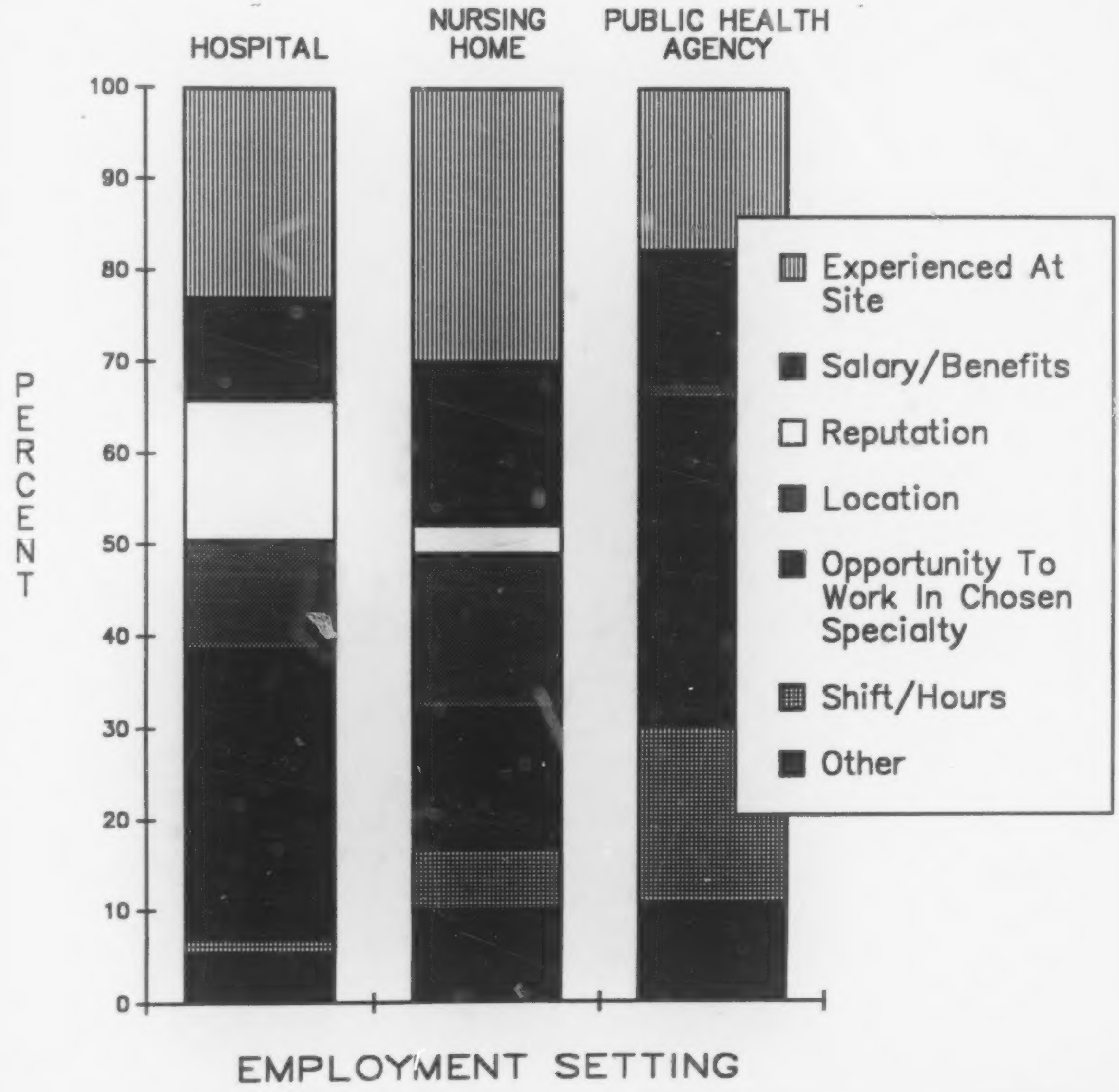
A plurality of new RNs in hospitals and public health agencies chose their position to work in their chosen specialty. Those working in nursing homes chose their position because of prior experience at the site.



REASONS FOR CHOOSING CURRENT POSITION BY EMPLOYMENT SETTING, 1990

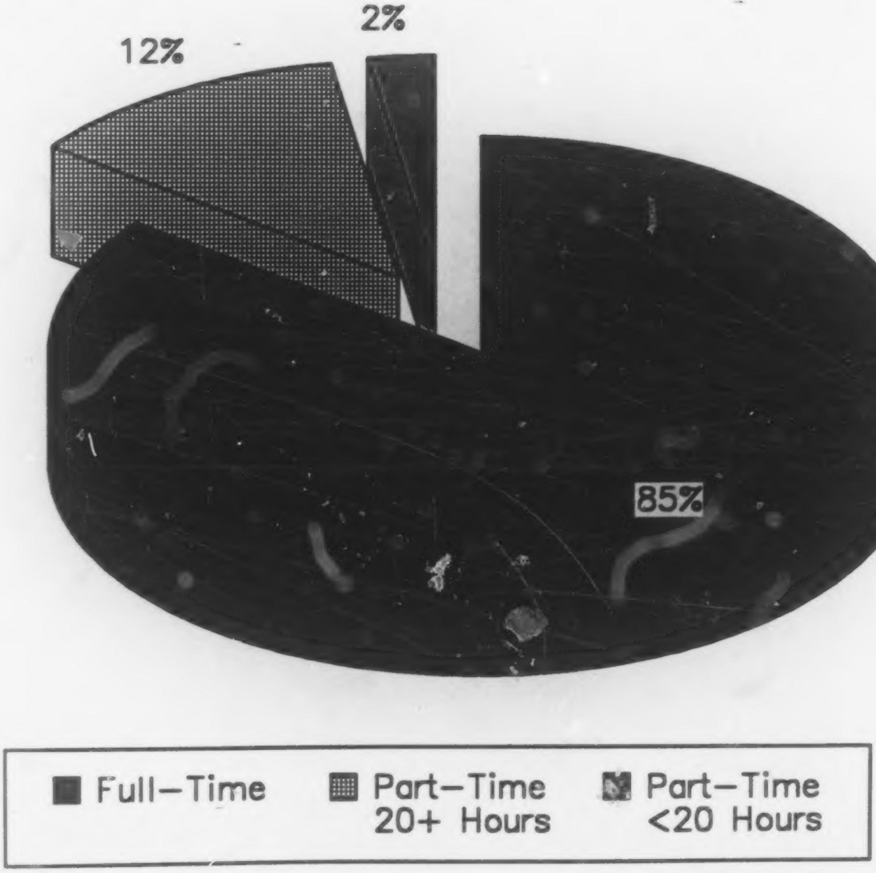
- Pacific Region

The most frequently cited reasons for job selection are "opportunity to work in chosen specialty" and "prior experience in institution".



ACTIVITY STATUS OF NEWLY LICENSED NURSES, 1990

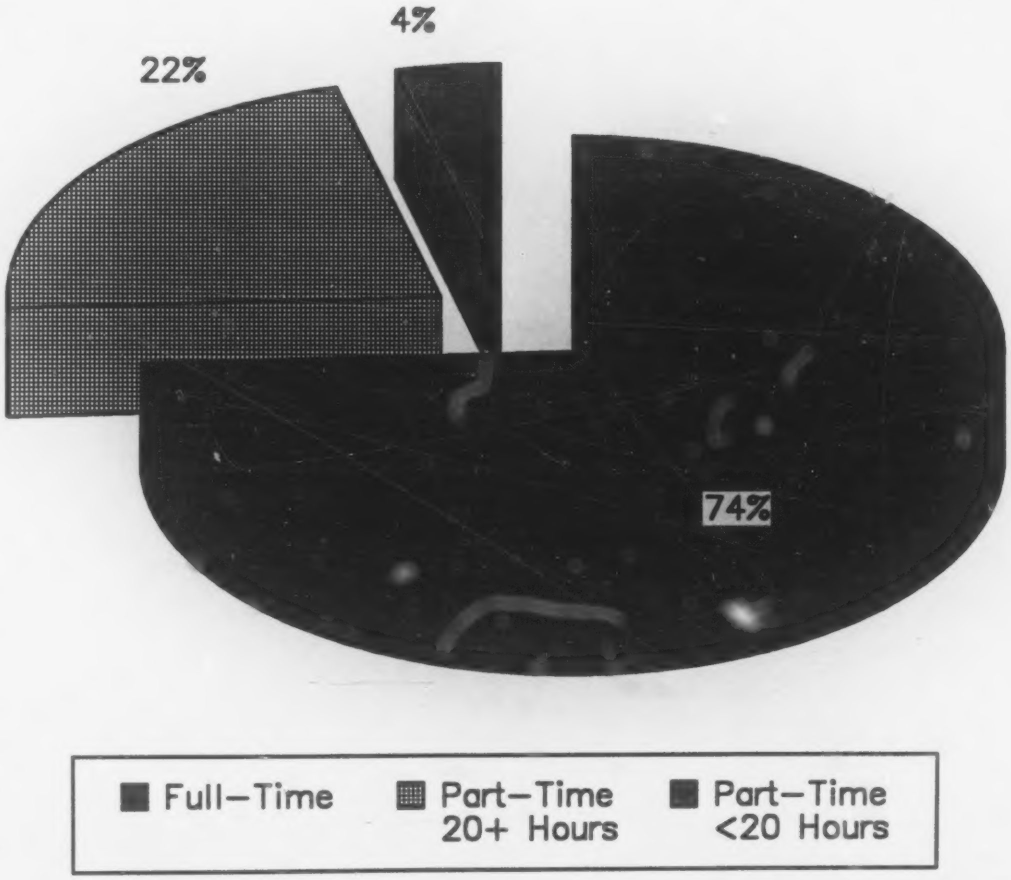
A great majority of new RNs work full-time. Only 2% work less than 20 hours per week.



ACTIVITY STATUS OF NEWLY LICENSED NURSES, 1990

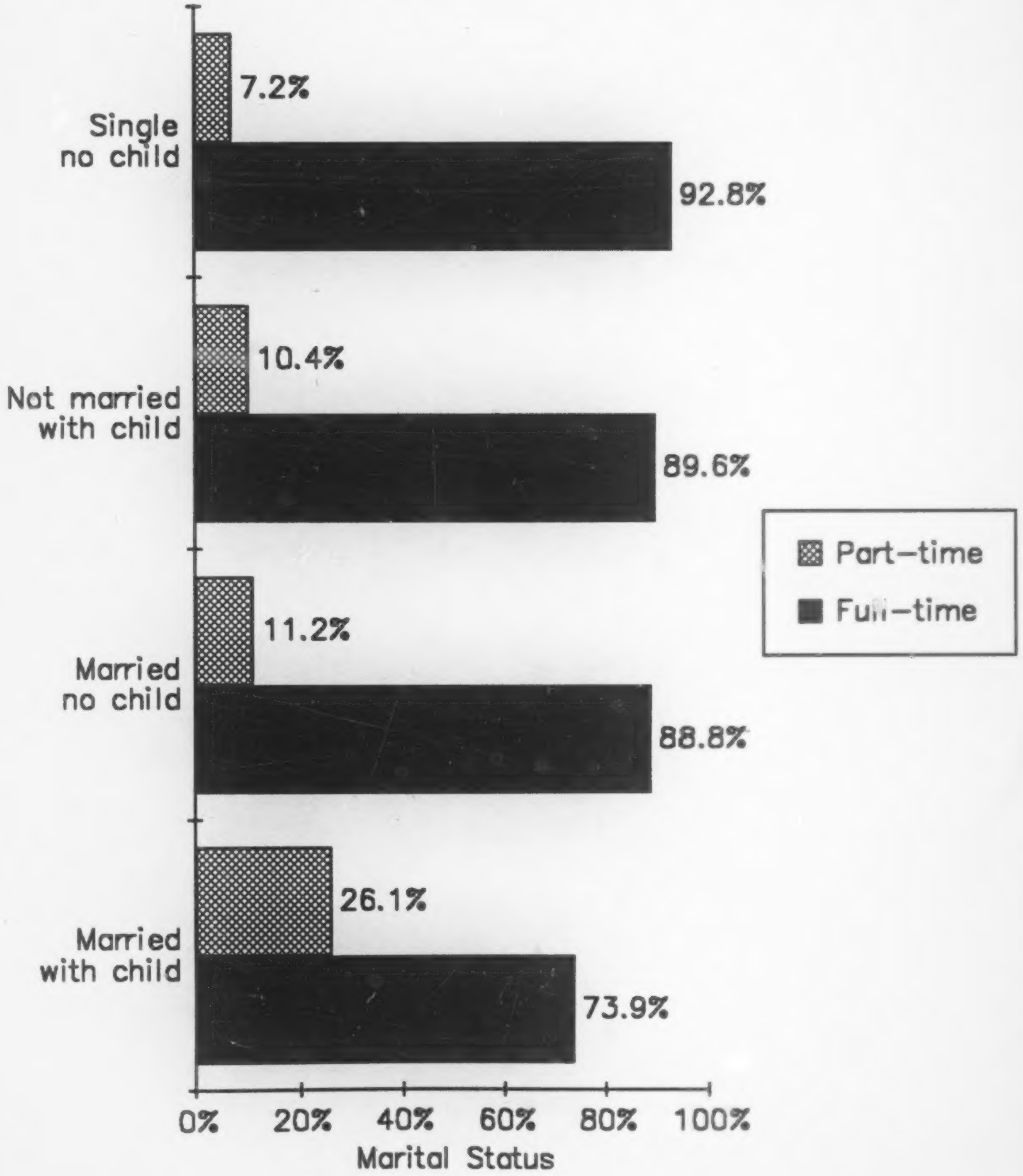
Pacific Region

Almost three–quarters of new RNs in Pacific region work full–time.



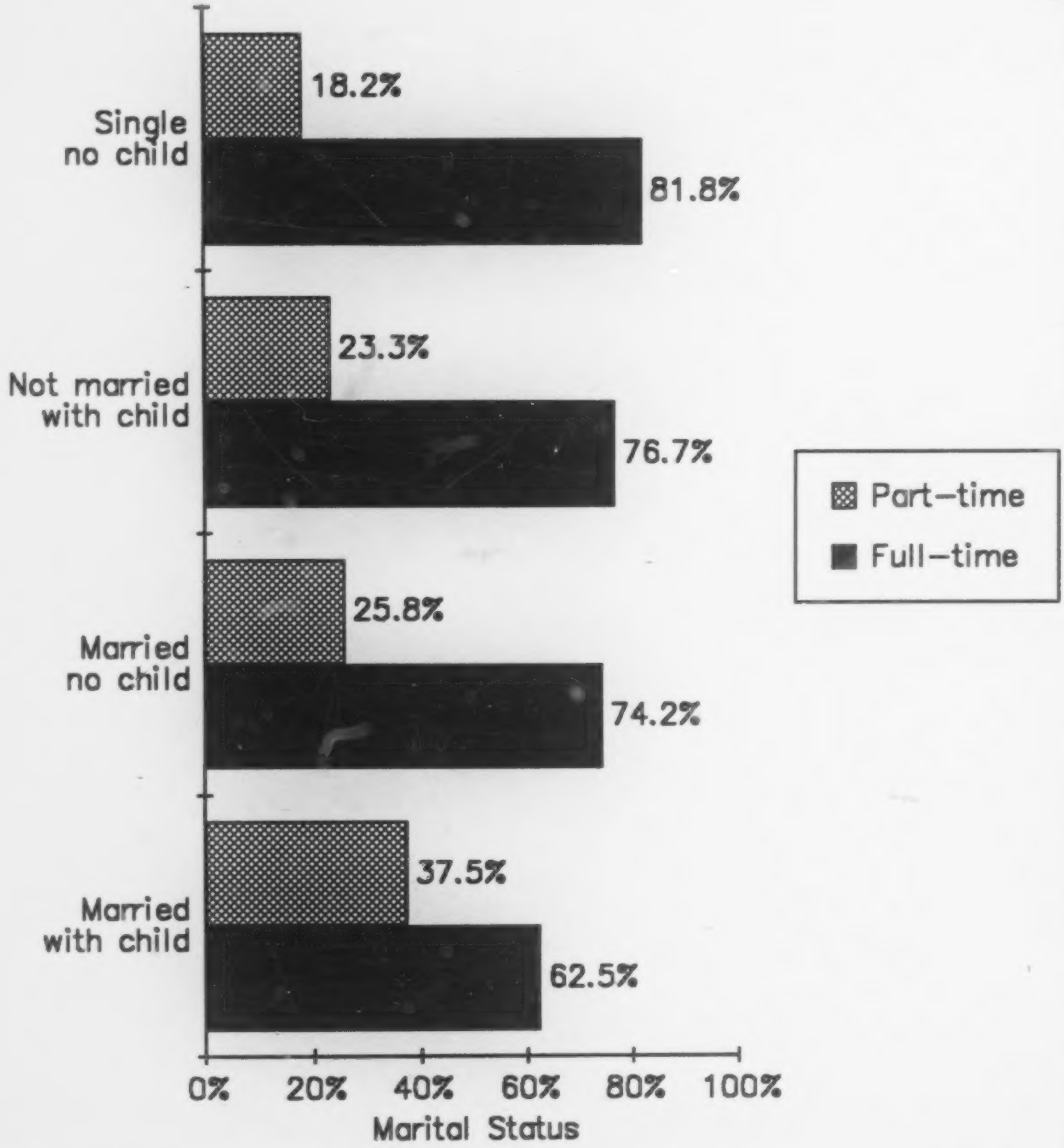
Activity Status of Newly Licensed Nurses by Marital Status

A large majority of new nurses work full–time.



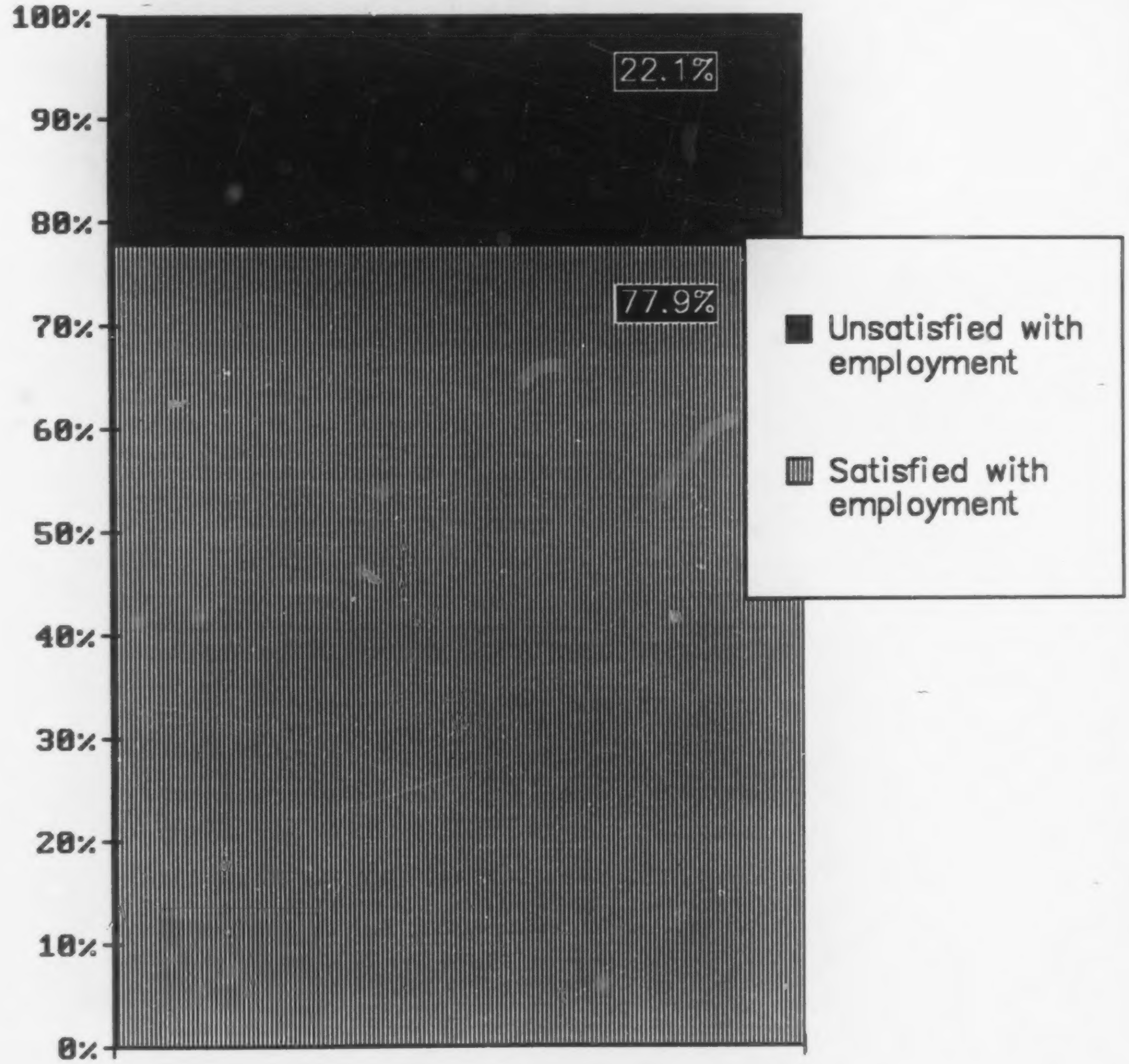
Activity Status of Newly Licensed Nurses by Marital Status Pacific Region

A large majority of new nurses work full-time except those married with children.



EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES

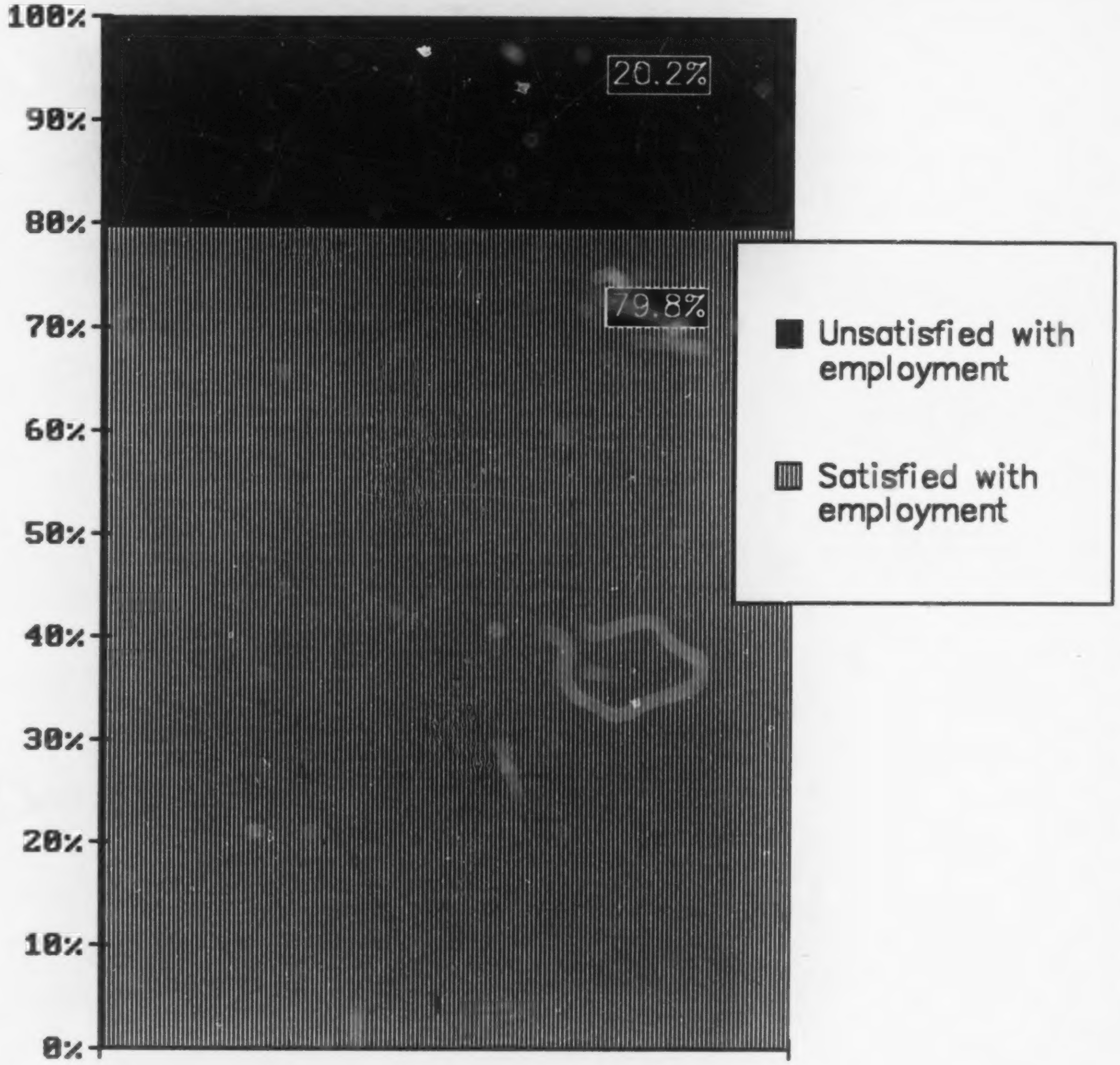
A high proportion of new nurses (77.9%) are satisfied with their employment



EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES

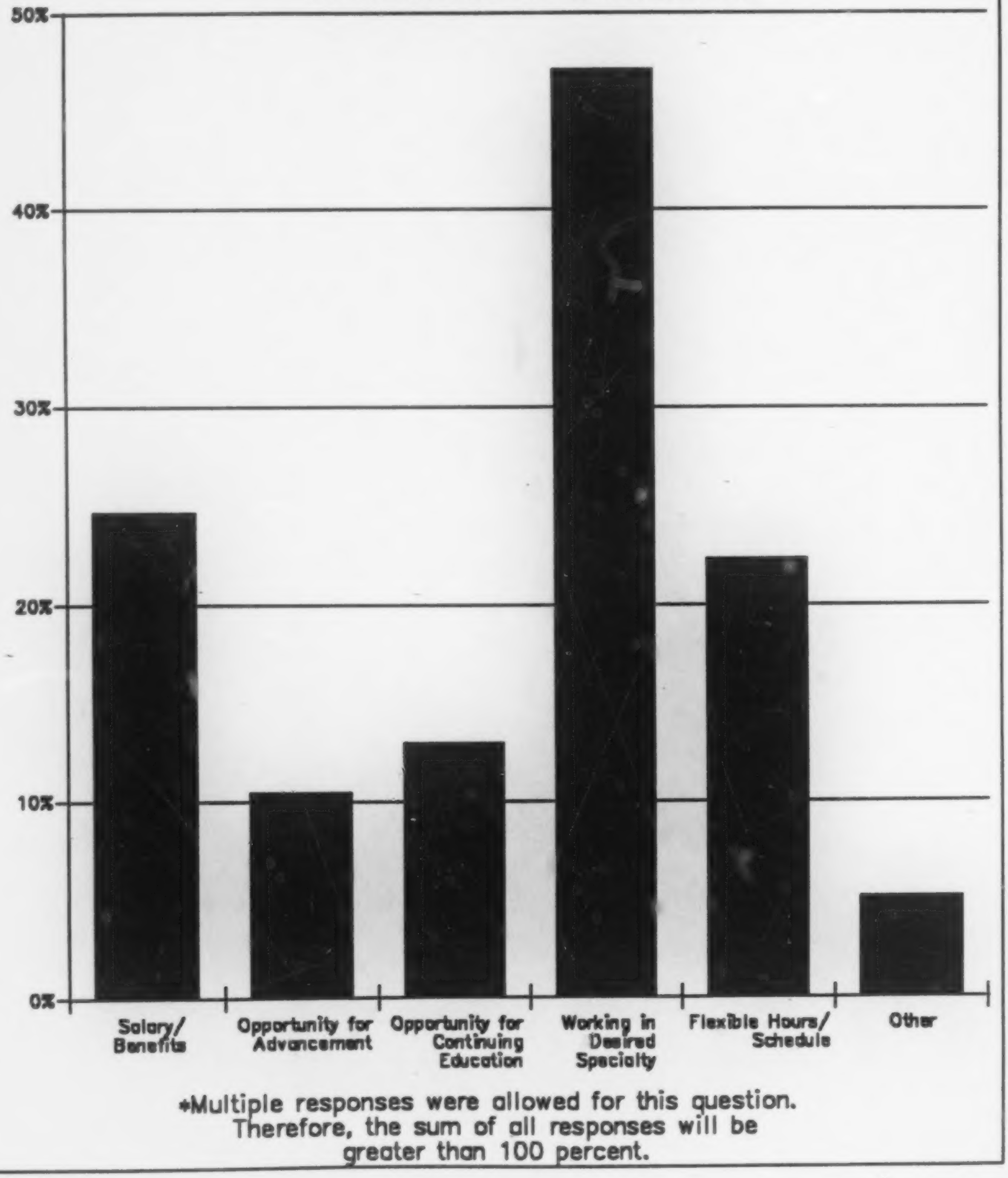
Pacific Region

The Pacific region has the highest proportion of new nurses (79.8%) who are satisfied with their employment.



MAIN SOURCE OF JOB SATISFACTION OF NEWLY LICENSED NURSES, 1990

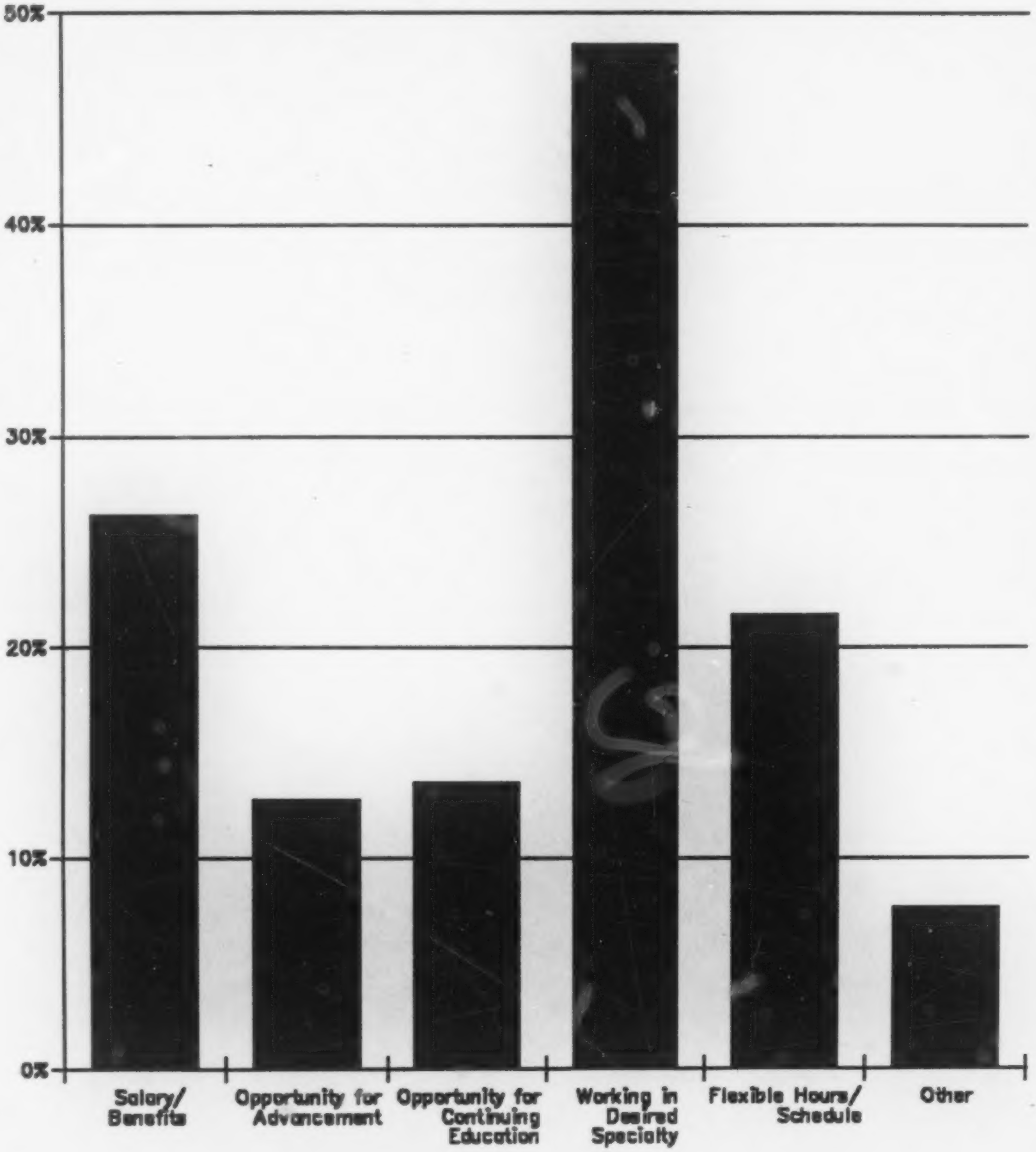
Respondents most often cited "working in desired specialty" as their main source of satisfaction.



*Multiple responses were allowed for this question. Therefore, the sum of all responses will be greater than 100 percent.

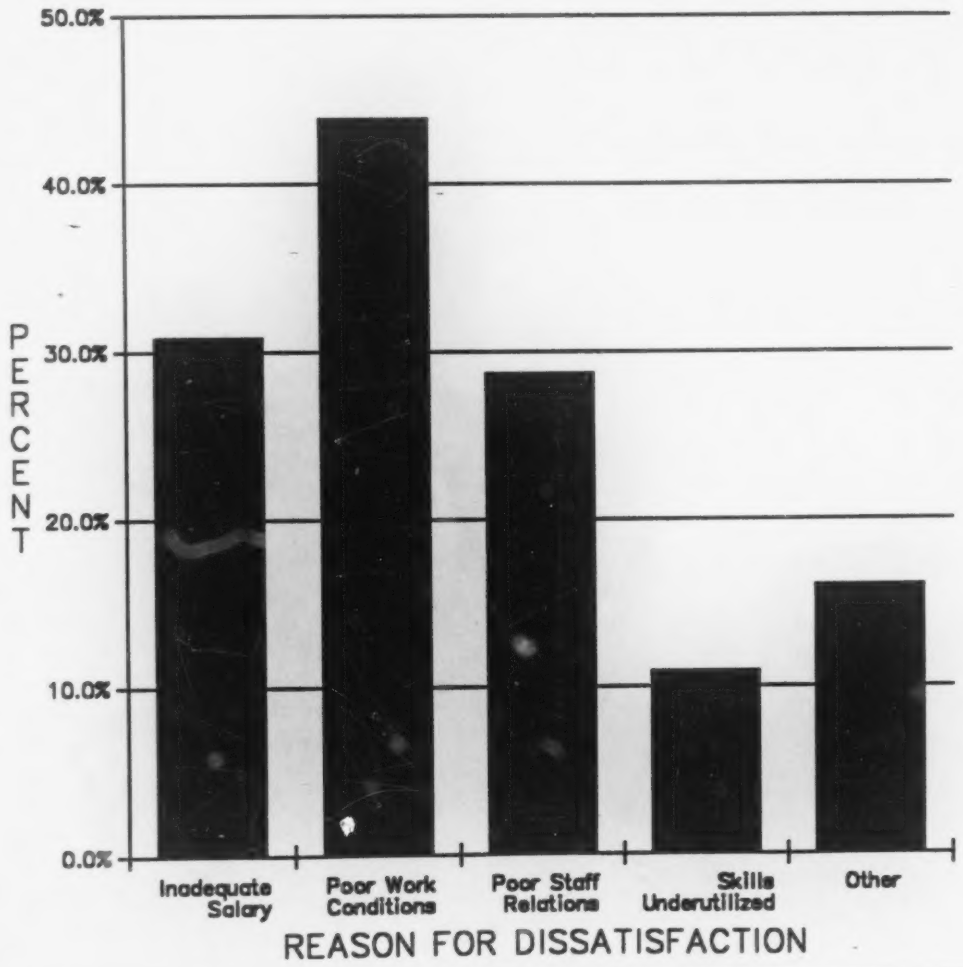
MAIN SOURCE OF JOB SATISFACTION OF NEWLY LICENSED NURSES, 1990
Pacific Region

Respondents most often cited "working in desired specialty" as their main source of satisfaction.



MAIN SOURCE OF JOB DISSATISFACTION BY NEWLY LICENSED NURSES

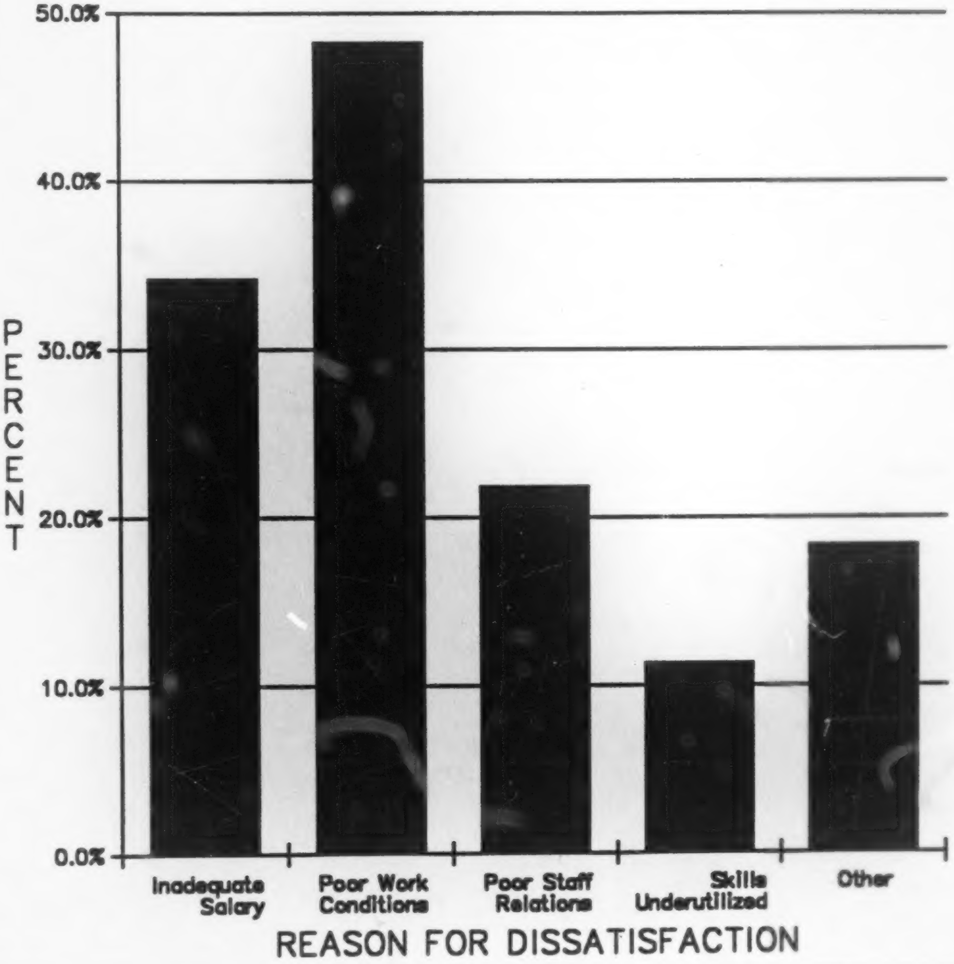
"Poor working conditions" was most often
cited as a source of job dissatisfaction,
followed by"inadequate salary"
and "poor staff relations."



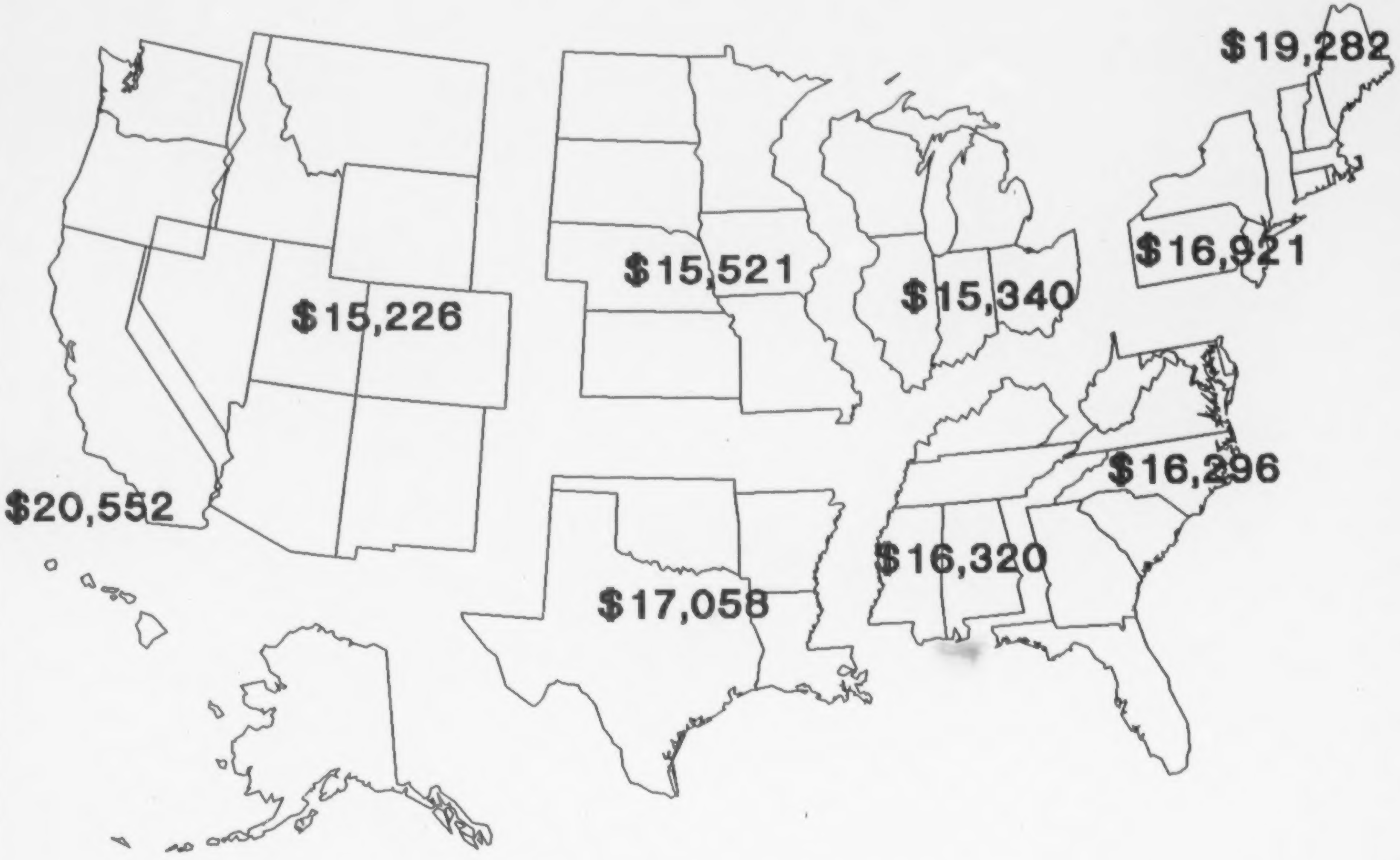
MAIN SOURCE OF JOB DISSATISFACTION AMONG NEWLY LICENSED NURSES, 1990

Pacific Region

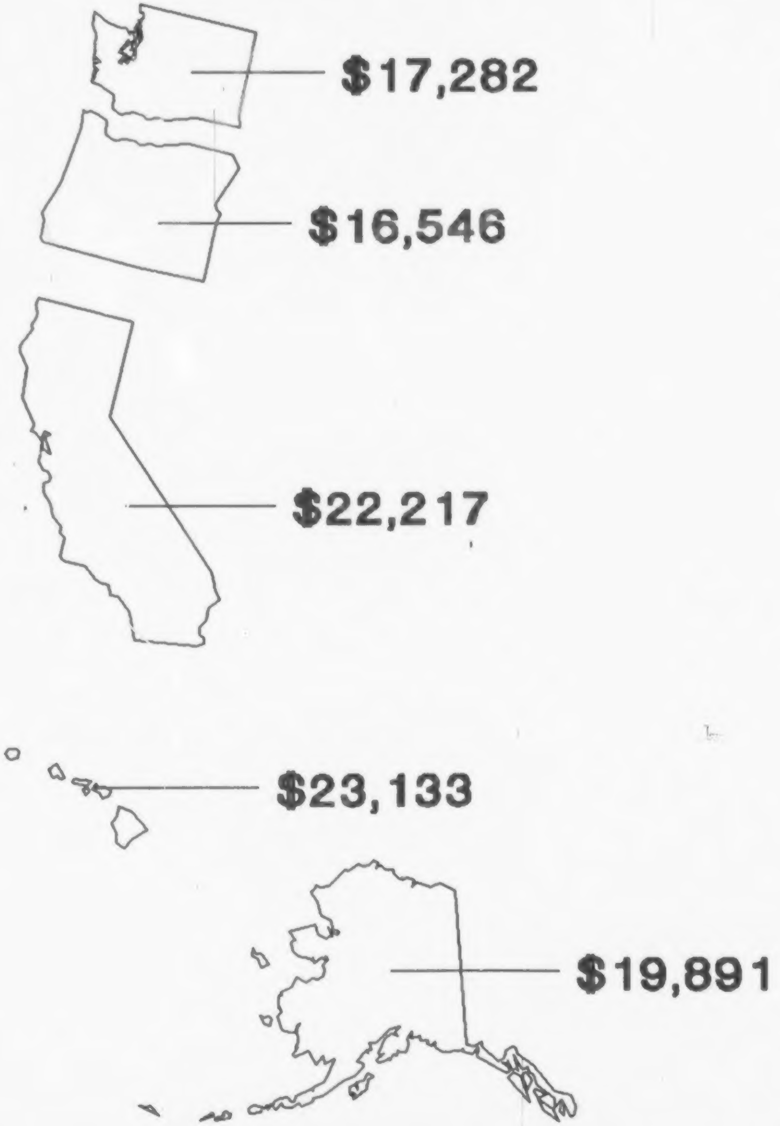
"Poor working conditions" was ranked highest as a source of job dissatisfaction. "Inadequate salary" ranked second and "poor staff relations" third.



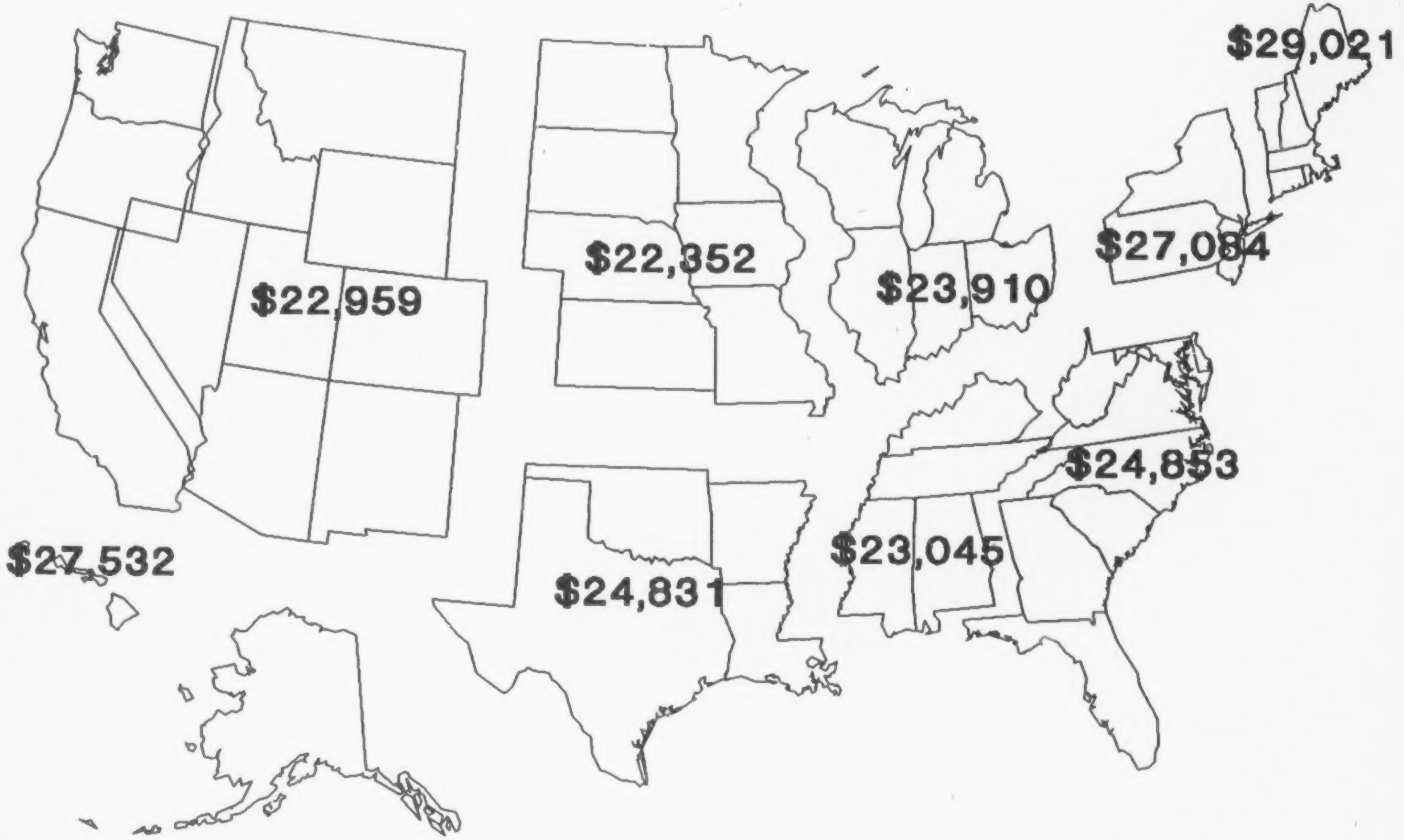
Mean Part-Time Salaries


$19,282
$16,921
$15,521
$15,340
$15,226
$16,296
$20,552
$16,320
$17,058

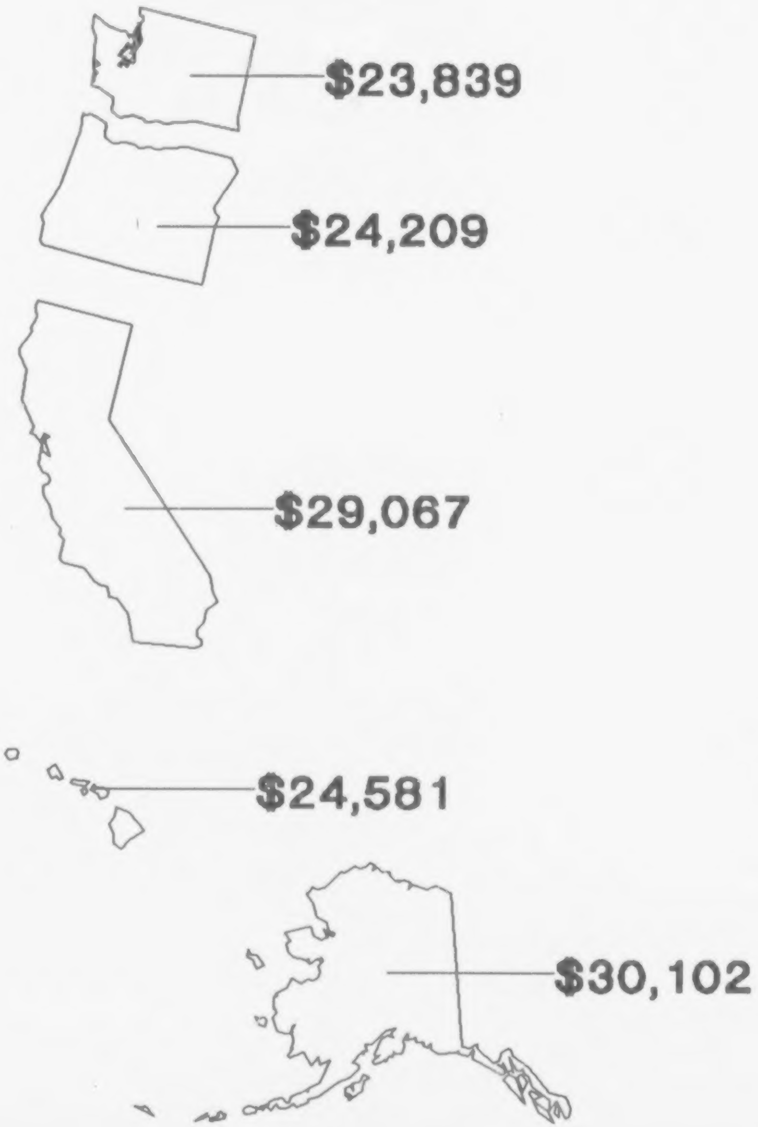
Mean Part-time Salaries
Pacific Region

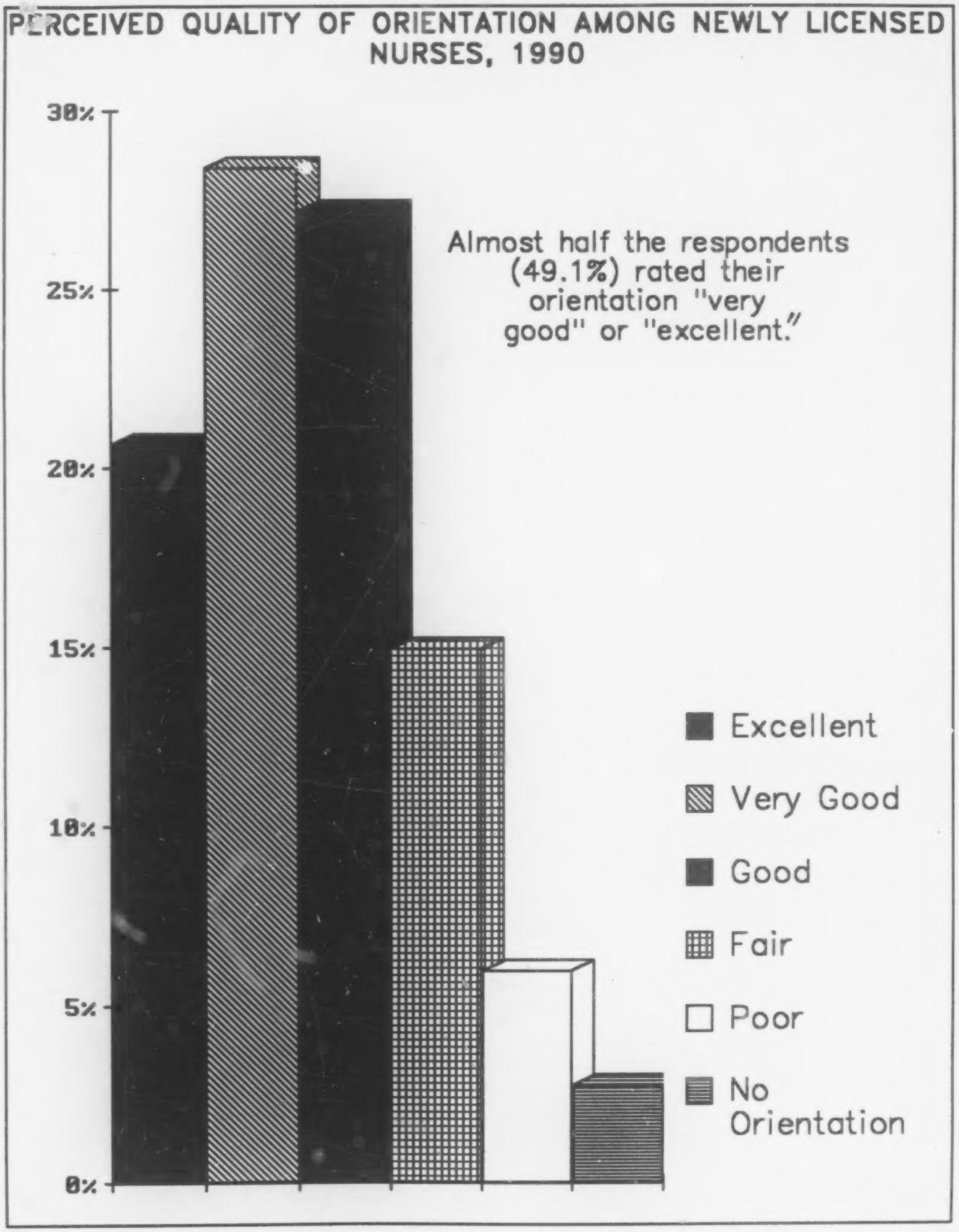

$17,282
$16,546
$22,217
$23,133
$19,891

Mean Full-time Salaries


$29,021
$22,352
$27,084
$22,959
$23,910
$24,853
$23,045
$27,532
$24,831

Mean Full-time Salaries
Pacific Region

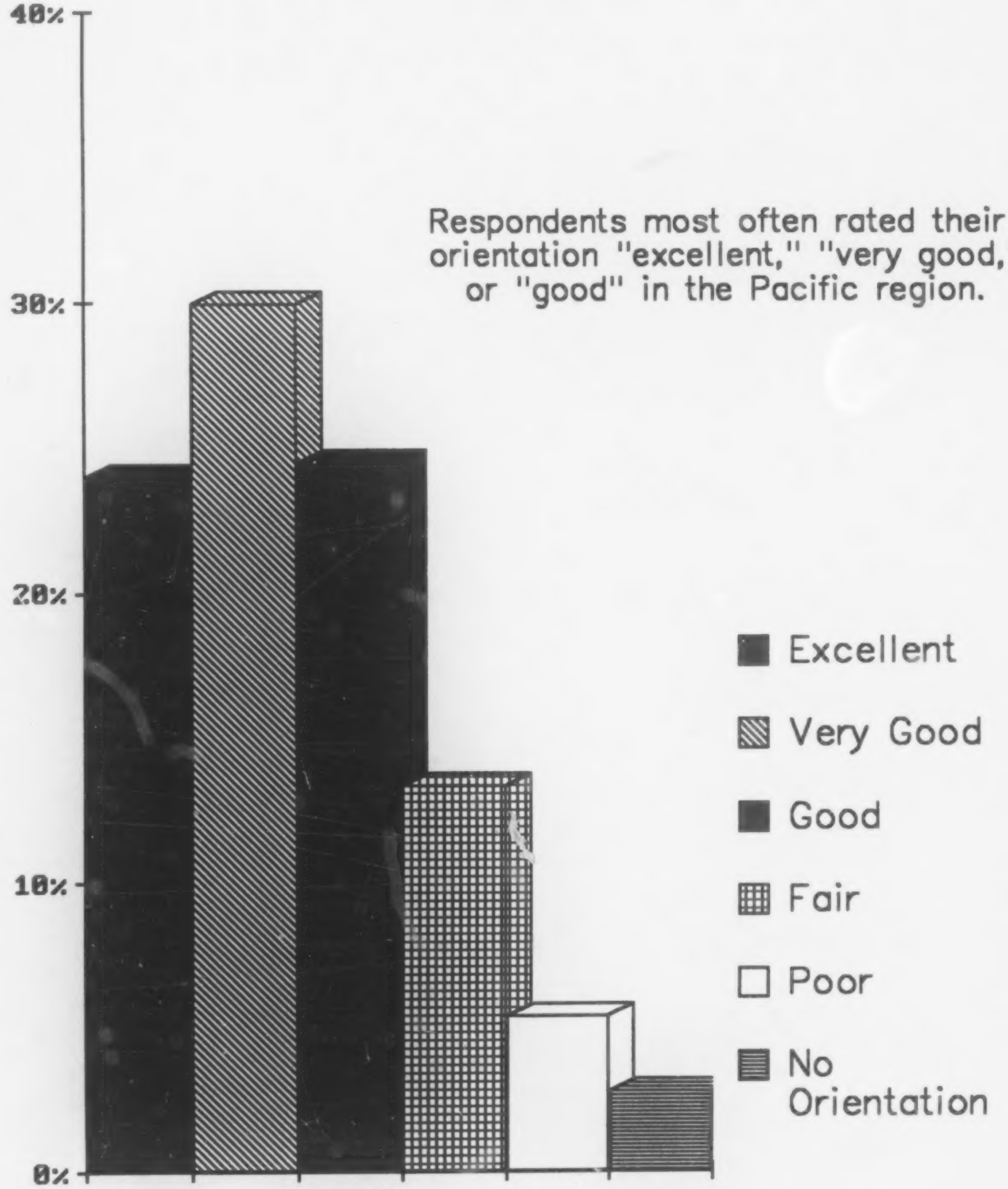

$23,839
$24,209
$29,067
$24,581
$30,102



PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES, 1990

Almost half the respondents (49.1%) rated their orientation "very good" or "excellent."

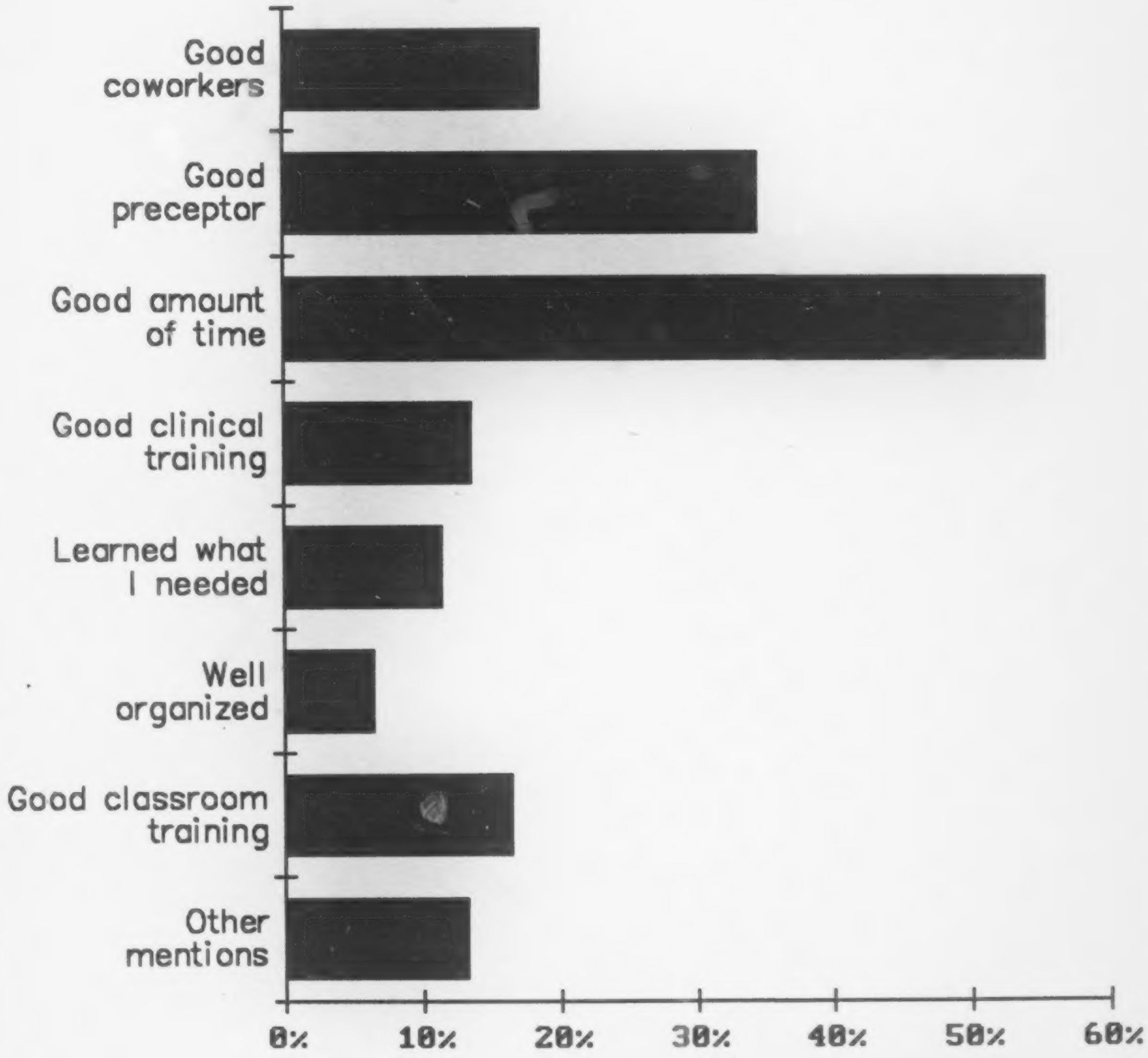
PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES, 1990
Pacific Region



Respondents most often rated their orientation "excellent," "very good," or "good" in the Pacific region.

*Positive Evaluation of Orientations Among Newly Licensed Nurses

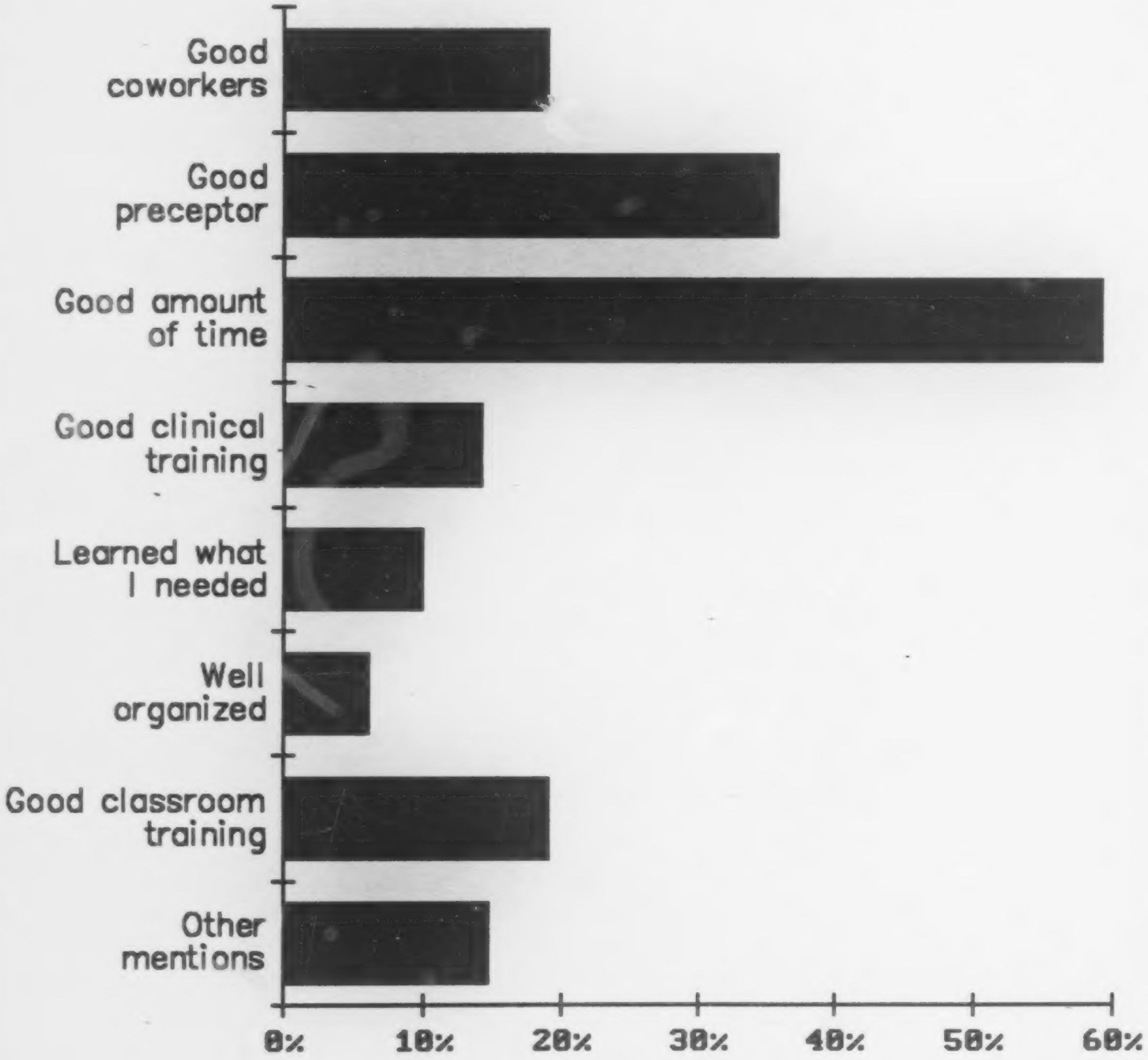
New nurses most often cited "good amount of time" as a reason for their positive evaluation.



*Multiple responses were allowed for this question. Therefore, the sum of all responses will be greater than 100 percent.
*Positive = excellent and very good.

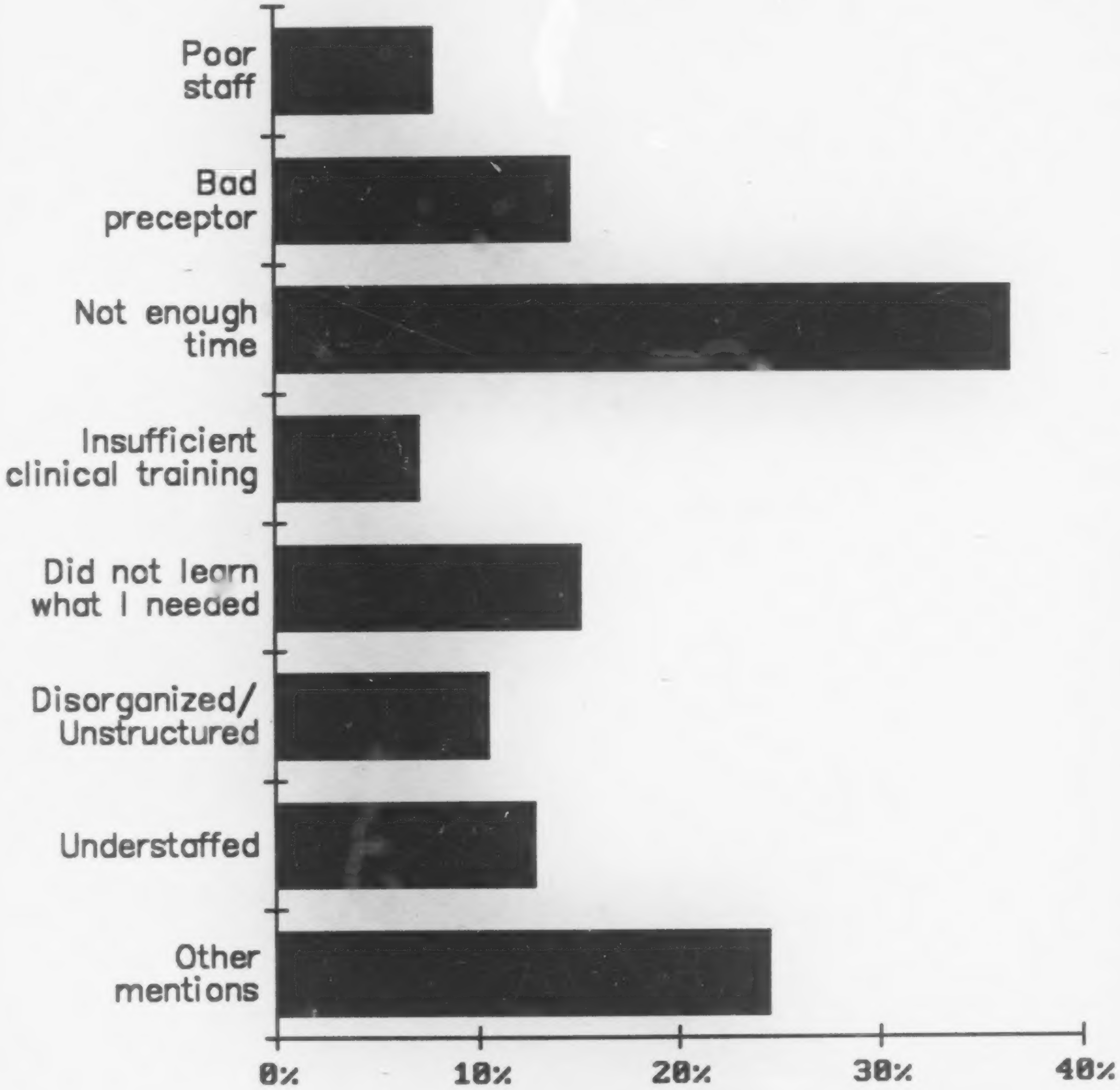
Positive Evaluation of Orientations Among Newly Licensed Nurses
Pacific Region

New nurses most often cited "good amount of time" as a reason for their positive evaluation.



*Neutral or Negative Evaluation of Orientations Among Newly Licensed Nurses

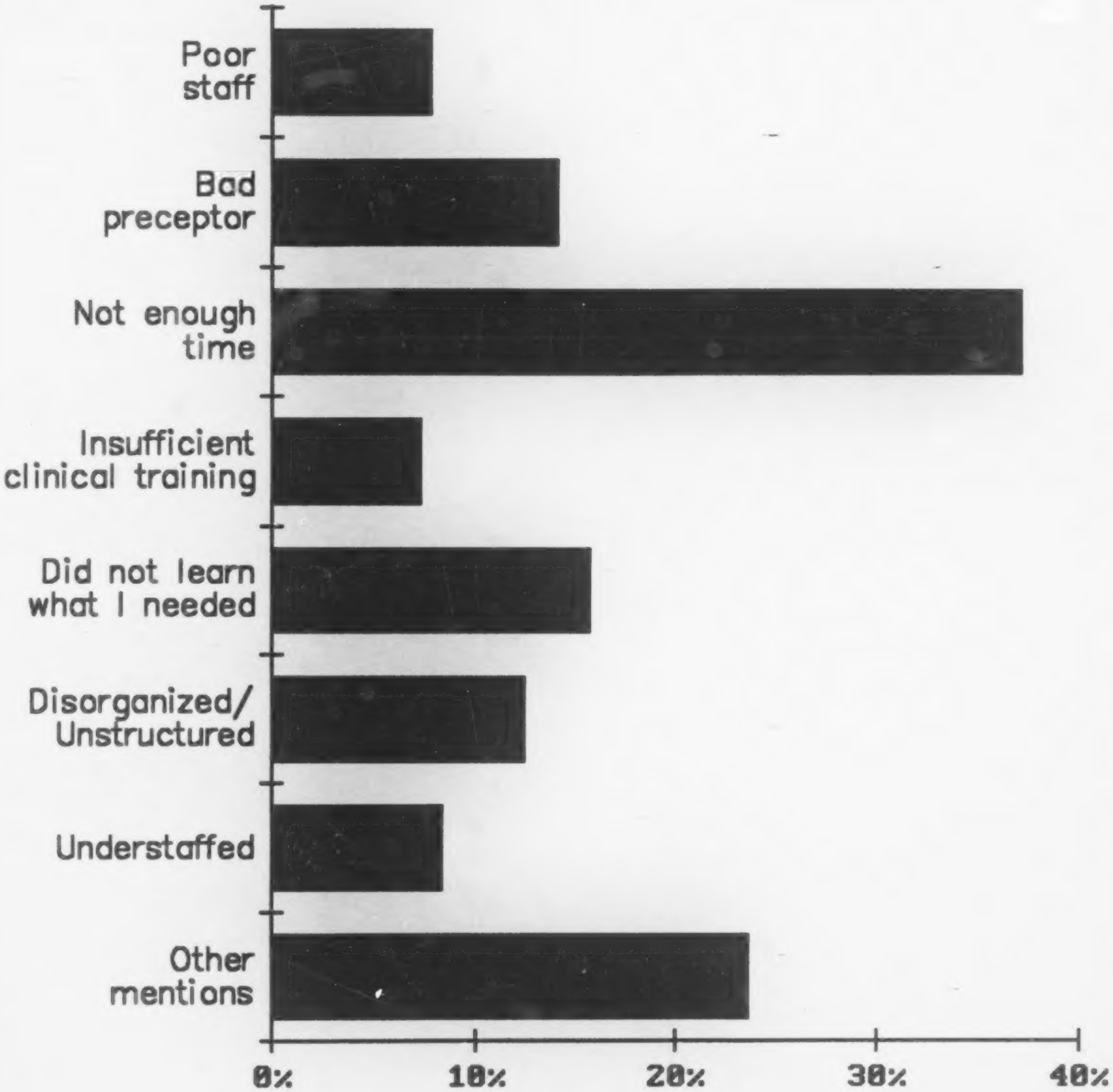
New nurses most often cited "not enough time" as a reason for their neutral or negative evaluation.



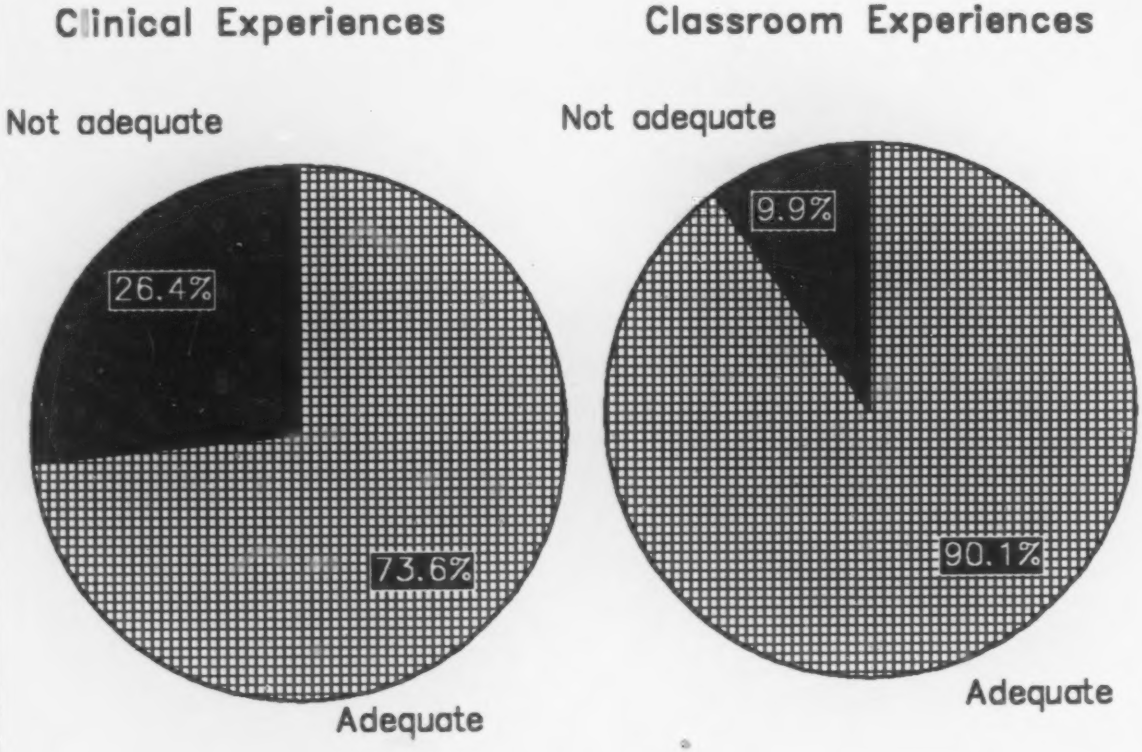
*Multiple responses were allowed for this question. Therefore, the sum of all responses will be greater than 100 percent.
*Neutral or negative = good, fair or poor.

Neutral or Negative Evaluation of Orientations Among Newly Licensed Nurses
Pacific Region

New nurses most often cited "not enough time" as a reason for their neutral or negative evaluation.



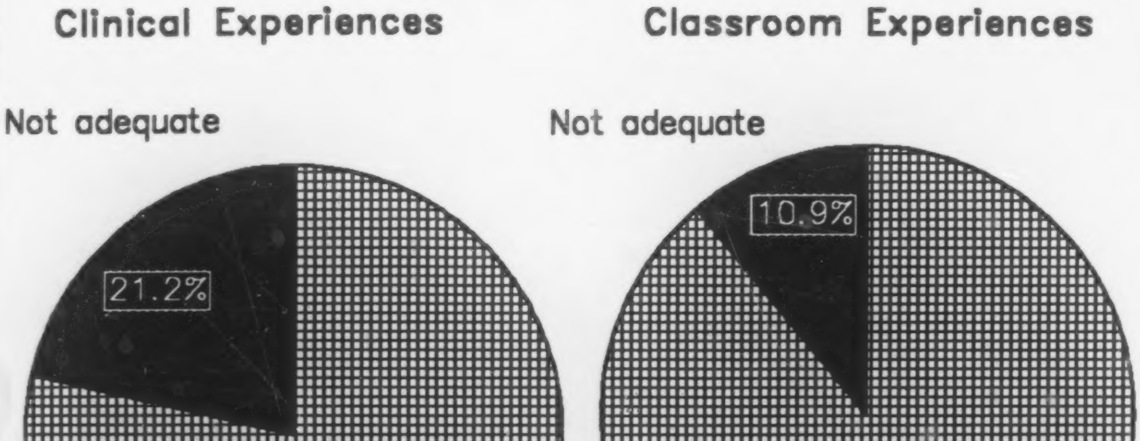
PERCEIVED ADEQUACY OF NURSING EDUCATION AMONG NEWLY LICENSED NURSES, 1990



Almost three—quarters of newly licensed nurses felt their clinical experiences were adequate for their current job. A larger 90% felt their classroom experiences were adequate.

PERCEIVED ADEQUACY OF NURSING EDUCATION AMONG NEWLY LICENSED NURSES, 1990

Pacific Region



Clinical experiences received a lower approval rating (79%) than classroom experiences (89%).

Section 3
CMSA Analysis: Numeric Tables

Analysis of Consolidated Metropolitan Statistical Areas

American society is increasingly centralized around the major urban cities—New York, Los Angeles, Chicago, and Houston. Health care services, particularly hospitals, are also concentrated within metropolitan areas. This special analysis of newly licensed nurses in what the Census Bureau terms Consolidated Metropolitan Statistical Areas (CMSAs), has been provided to assist health care executives in gaining a better understanding of the trends in America's largest cities. Great variation exists among the different regions of the country in relation to the demographic and employment characteristics of the nation's newly licensed nurses. Similarly, the unique financial and demographic circumstances within each metropolitan area result in vastly different local economies and labor forces.

A selected group of tables has been designed to highlight some of the differences among the various CMSAs. Keep in mind that the upcoming figures are based on the responses of those newly licensed nurses currently residing or working in a CMSA *only* and represent approximately one-quarter of the total cohort of new RNs. For a fuller and more meaningful understanding of the trends, these CMSA data may be compared with the national and regional figures presented in the earlier sections of this report.

Table CMSA-1

NUMBER OF NEWLY LICENSED NURSES BY CMSA AND TYPE OF NURSING EDUCATIONAL PROGRAM

			PROGRAM TYPE					
	TOTAL		DIPLOMA		ASSOCIATE DEGREE		BACCALAUREATE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,540	100.0	738	9.8	4,129	54.8	2,673	35.5
BOSTON-LAWRENCE-SALEM	385	100.0	53	13.8	186	48.3	146	37.9
BUFFALO-NIAGARA FALLS	192	100.0	13	6.8	105	54.7	74	38.5
CHICAGO-GARY-LAKE CO	663	100.0	30	4.5	351	52.9	282	42.5
CINCINNATI-HAMILTON	246	100.0	48	19.5	127	51.6	71	28.9
CLEVELAND-AKRON-LORAINE	401	100.0	72	18.0	168	41.9	161	40.1
DALLAS-FORT WORTH	218	100.0			126	57.8	92	42.2
DENVER-BOULDER	156	100.0	3	1.9	90	57.7	63	40.4
DETROIT-ANN ARBOR	583	100.0	23	3.9	344	59.0	216	37.0
HOUSTON-GALVESTON-BROZONA	244	100.0			172	70.5	72	29.5
LA-ANAHEIM-RIVERSIDE	718	100.0	39	5.4	574	79.9	105	14.6
MIAMI-FORT LAUDERDALE	109	100.0	10	9.2	57	52.3	42	38.5
MILWAUKEE-RACINE	167	100.0	13	7.8	66	39.5	88	52.7
NEW YORK-NEW JERSEY	1,275	100.0	147	11.5	658	51.6	470	36.9
PHILA-WILMINGTON-TRENTON	921	100.0	152	16.5	431	46.8	338	36.7
PITTSBURGH-BEAVER VALLEY	472	100.0	131	27.8	190	40.3	151	32.0
PORTLAND-VANCOUVER	158	100.0			80	50.6	78	49.4
SF-OAKLAND-SAN JOSE	424	100.0	3	.7	282	66.5	139	32.8
SEATTLE-TACOMA	208	100.0	1	.5	122	58.7	85	40.9

Table 1: Number of Newly Licensed Nurses by CMSA and Type of Nursing Education

A majority (54.8%) of new RNs residing in a CMSA graduated from an associate degree program. More than a third prepared at the baccalaureate level and about 10% received diplomas. As a group, new RNs living in cities are *less* likely to have studied at the ADN level when compared to the rest of the newly licensed nurse cohort.

The greatest proportion of diploma graduates are situated in the Pittsburgh area and the largest proportion of baccalaureate graduates are located in Milwaukee. Associate degree graduates are most prevalent in Los Angeles.

Table CMSA-2
NEWLY LICENSED NURSES BY CMSA AND JOB HUNTING EXPERIENCES

			JOB-HUNTING EXPERIENCES									
	TOTAL		MANY JOBS		FAIR NUMBER		VERY FEW		CAN'T SAY-TOOK JOB AT CLINICAL SITE		CAN'T SAY-VOLUNTARILY UNEMPLOYED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,491	100.0	4,959	66.2	1,500	20.0	130	1.7	830	11.1	72	1.0
METROPOLITAN AREA												
BOSTON-LAWRENCE-SALEM	392	100.0	130	33.2	144	36.7	43	11.0	71	18.1	4	1.0
BUFFALO-NIAGARA FALLS	192	100.0	126	65.6	37	19.3	3	1.6	24	12.5	2	1.0
CHICAGO-GARY-LAKE CO	659	100.0	482	73.1	109	16.5	7	1.1	56	8.5	5	.8
CINCINNATI-HAMILTON	245	100.0	161	65.7	37	15.1	8	3.3	35	14.3	4	1.6
CLEVELAND-AKRON-LORAINE	408	100.0	254	62.3	90	22.1	2	.5	61	15.0	1	.2
DALLAS-FORT WORTH	215	100.0	153	71.2	30	14.0	2	.9	27	12.6	3	1.4
DENVER-BOULDER	155	100.0	104	67.1	31	20.0	3	1.9	17	11.0		
DETROIT-ANN ARBOR	579	100.0	421	72.7	83	14.3	9	1.6	60	10.4	6	1.0
HOUSTON-GALVESTON-BROZONA	242	100.0	197	81.4	23	9.5	1	.4	19	7.9	2	.8
LA-ANAHEIM-RIVERSIDE	709	100.0	446	62.9	170	24.0	15	2.1	71	10.0	7	1.0
MIAMI-FORT LAUDERDALE	108	100.0	73	67.6	26	24.1	1	.9	7	6.5	1	.9
MILWAUKEE-RACINE	167	100.0	119	71.3	33	19.8	2	1.2	11	6.6	2	1.2
NEW YORK-NEW JERSEY	1,256	100.0	853	67.9	250	19.9	10	.8	130	10.4	13	1.0
PHILA-WILMINGTON-TRENTON	913	100.0	605	66.3	163	17.9	8	.9	132	14.5	5	.5
PITTSBURGH-BEAVER VALLEY	466	100.0	361	77.5	60	12.9	3	.6	40	8.6	2	.4
PORTLAND-VANCOUVER	155	100.0	91	56.7	42	27.1	4	2.6	14	9.0	4	2.6
SF-OAKLAND-SAN JOSE	423	100.0	267	63.1	107	25.3	5	1.2	34	8.0	10	2.4
SEATTLE-TACOMA	207	100.0	116	56.0	65	31.4	4	1.9	21	10.1	1	.5

Table 2: Newly Licensed Nurses by CMSA and Job Hunting Experiences

Demand for newly licensed nurses nationwide is great and two-thirds of new RNs residing in CMSAs claim that "many jobs" were available when the were job hunting. However, great diversity exists among the different CMSAs with over 80% of new RNs in Houston stating that "many jobs" were available and only 33% of Boston's new RNs stating the same.

Table CMSA-3
NEWLY LICENSED NURSES BY CMSA AND EMPLOYMENT SETTING

	TOTAL		EMPLOYMENT SETTING							
			HOSPITAL		NURSING HOME		COMMUNITY/HOME/ PUBLIC HEALTH AGENCY		SCHOOL NURSE/ PHYSICIAN'S OFFICE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,194	100.0	6,785	94.3	191	2.7	134	1.9	84	1.2
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	372	100.0	343	92.2	18	4.8	7	1.9	4	1.1
BUFFALO-NIAGARA FALLS	182	100.0	167	91.8	7	3.8	4	2.2	4	2.2
CHICAGO-GARY-LAKE CO	640	100.0	610	95.3	11	1.7	12	1.9	7	1.1
CINCINNATI-HAMILTON	231	100.0	213	92.2	11	4.8	4	1.7	3	1.3
CLEVELAND-AKRON-LORAINE	393	100.0	372	94.7	15	3.8	5	1.3	1	.3
DALLAS-FORT WORTH	208	100.0	188	90.4	4	1.9	6	2.9	10	4.8
DENVER-BOULDER	151	100.0	142	94.0	4	2.6	4	2.6	1	.7
DETROIT-ANN ARBOR	566	100.0	541	95.6	11	1.9	12	2.1	2	.4
HOUSTON-GALVESTON-BROZONA	230	100.0	216	93.9			6	2.6	8	3.5
LA-ANAHEIM-RIVERSIDE	684	100.0	653	95.5	6	.9	12	1.8	13	1.9
MIAMI-FORT LAUDERDALE	107	100.0	104	97.2	1	.9	2	1.9		
MILWAUKEE-RACINE	162	100.0	147	90.7	13	8.0	1	.6	1	.6
NEW YORK-NEW JERSEY	1,211	100.0	1,139	94.1	35	2.9	30	2.5	7	.6
PHILA-WILMINGTON-TRENTON	879	100.0	841	95.7	20	2.3	11	1.3	7	.8
PITTSBURGH-BEAVER VALLEY	449	100.0	428	95.3	10	2.2	6	1.3	5	1.1
PORTLAND-VANCOUVER	147	100.0	134	91.2	9	6.1	1	.7	3	2.0
SF-OAKLAND-SAN JOSE	392	100.0	383	97.7	4	1.0	3	.8	2	.5
SEATTLE-TACOMA	190	100.0	164	86.3	12	6.3	8	4.2	6	3.2

Table 3: Newly Licensed Nurses by CMSA and Employment Setting

Over 94% of new RNs residing in cities work in hospitals. This figure is sightly larger than that of the national figure of 91% suggesting that, in metropolitan areas, more opportunities are available in acute care settings. Among the CMSAs, Seattle contains the greatest percentage of new RNs employed in nursing homes and community/public health and Dallas contains the largest percentage working in schools and/or physician's offices.

Table CMSA-4
NEWLY LICENSED NURSES BY CMSA AND SIZE OF HOSPITAL OF EMPLOYMENT*

	TOTAL		HOSPITAL SIZE							
			6 TO 99 BEDS		100 TO 299 BEDS		300 TO 499 BEDS		500 BEDS OR MORE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	5,136	100.0	195	3.8	1,419	27.6	1,666	32.4	1,856	36.1
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	255	100.0	13	5.1	97	38.0	89	34.9	56	22.0
BUFFALO-NIAGARA FALLS	124	100.0	5	4.0	28	22.6	39	31.5	52	41.9
CHICAGO-GARY-LAKE CO	442	100.0	22	5.0	114	25.8	146	33.0	160	36.2
CINCINNATI-HAMILTON	159	100.0	6	3.8	52	32.7	57	35.8	44	27.7
CLEVELAND-AKRON-LORAINE	281	100.0	11	3.9	69	24.6	76	27.0	125	44.5
DALLAS-FORT WORTH	142	100.0	11	7.7	39	27.5	35	24.6	57	40.1
DENVER-BOULDER	108	100.0	1	.9	42	38.9	44	40.7	21	19.4
DETROIT-ANN ARBOR	415	100.0	11	2.7	84	20.2	123	29.6	197	47.5
HOUSTON-GALVESTON-BROZONA	169	100.0	11	6.5	50	29.6	33	19.5	75	44.4
LA-ANAHEIM-RIVERSIDE	504	100.0	25	5.0	159	31.5	175	34.7	145	28.8
MIAMI-FORT LAUDERDALE	82	100.0	1	1.2	20	24.4	21	25.6	40	48.8
MILWAUKEE-RACINE	100	100.0	4	4.0	41	41.0	37	37.0	18	18.0
NEW YORK-NEW JERSEY	871	100.0	11	1.3	154	17.7	283	32.5	423	48.6
PHILA-WILMINGTON-TRENTON	640	100.0	24	3.7	216	33.7	200	31.3	200	31.3
PITTSBURGH-BEAVER VALLEY	348	100.0	7	2.0	85	24.4	117	33.6	139	39.9
PORTLAND-VANCOUVER	92	100.0	8	8.7	20	21.7	47	51.1	17	18.5
SF-OAKLAND-SAN JOSE	283	100.0	[illegible]	4.6	112	39.6	97	34.3	61	21.6
SEATTLE-TACOMA	121	100.0	[illegible]	9.1	37	30.6	47	38.8	26	21.5

*ASKED ONLY OF THOSE EMPLOYED IN HOSPITALS

Table 4: Newly Licensed Nurses by CMSA and Size of Hospital

There is little variation in the size of the hospitals in which newly licensed nurses are employed. Less than 10% separates the newly licensed nurses employed in hospitals containing 100 to 299 beds and those working in institutions with 500 or more beds. A very small group of newly licensed nurses are employed in hospitals with less than 100 beds.

Table CMSA-5
NEWLY LICENSED NURSES BY CMSA AND LENGTH OF JOB HUNT

	TOTAL		LENGTH OF JOB HUNT—EMPLOYED IN NURSING							
			FOUND BEFORE GRADUATION		ONE MONTH OR LESS		2 TO 3 MONTHS		4 TO 6 MONTHS	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,334	100.0	5,654	77.1	1,123	15.3	393	5.4	164	2.2
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	378	100.0	287	75.9	48	12.7	31	8.2	12	3.2
BUFFALO-NIAGARA FALLS	186	100.0	146	78.5	29	15.6	[illegible]	4.8	2	1.1
CHICAGO-GARY-LAKE CO	647	100.0	489	75.6	113	17.5	35	5.4	10	1.5
CINCINNATI-HAMILTON	238	100.0	202	84.9	25	10.5	7	2.9	4	1.7
CLEVELAND-AKRON-LORAINE	399	100.0	336	[illegible]	47	11.8	15	3.8	1	.3
DALLAS-FORT WORTH	211	100.0	169	80.1	31	14.7	8	3.8	3	1.4
DENVER-BOULDER	154	100.0	124	80.5	23	14.9	7	4.5		
DETROIT-ANN ARBOR	570	100.0	462	81.1	71	12.5	25	4.4	12	2.1
HOUSTON-GALVESTON-BROZONA	236	100.0	180	76.3	47	19.9	4	1.7	5	2.1
LA-ANAHEIM-RIVERSIDE	695	100.0	461	66.3	162	23.3	47	6.8	25	3.6
MIAMI-FORT LAUDERDALE	107	100.0	70	65.4	27	25.2	7	6.5	3	2.8
MILWAUKEE-RACINE	164	100.0	130	79.3	25	15.2	7	4.3	2	1.2
NEW YORK-NEW JERSEY	1,234	100.0	882	71.5	203	16.5	103	8.3	46	3.7
PHILA-WILMINGTON-TRENTON	900	100.0	796	88.4	73	8.1	25	2.8	6	.7
PITTSBURGH-BEAVER VALLEY	461	100.0	403	87.4	42	9.1	12	2.6	4	.9
PORTLAND-VANCOUVER	151	100.0	115	76.2	22	14.6	8	5.3	6	4.0
F-OAKLAND-SAN JOSE	400	100.0	259	64.7	101	25.2	23	5.7	17	4.2
SEATTLE-TACOMA	203	100.0	143	70.4	34	16.7	20	9.9	6	3.0

Table 5: Newly Licensed Nurses by CMSA and Length of Job Hunt

The length of time necessary to find a job is a good measure of demand and, generally speaking, over 90% of newly licensed nurses in CMSAs found jobs before or within one month of graduation indicating that demand for new RNs is very strong. The degree of demand, however, varies among the nation's cities. New RNs in the New York/New Jersey CMSA and the Seattle-Tacoma area state that it took slightly longer to find a job than their counterparts in the rest of the country. Nurses in the two CMSAs in Pennsylvania reported greater ease in locating their first job.

Table CMSA-6
NEWLY LICENSED NURSES BY CMSA AND ACTIVITY STATUS

			ACTIVITY STATUS					
	TOTAL		FULL-TIME		PART-TIME <20 HOURS		PART-TIME 20+	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,332	100.0	6,181	84.3	202	2.8	949	12.9
METROPOLITAN AREA								
BOSTON-LAWRENCE-SALEM	379	100.0	306	80.7	14	3.7	59	15.6
BUFFALO-NIAGARA FALLS	184	100.0	157	85.3	5	2.7	22	12.0
CHICAGO-GARY-LAKE CO	647	100.0	541	83.6	14	2.2	92	14.2
CINCINNATI-HAMILTON	238	100.0	189	79.4	8	3.4	41	17.2
CLEVELAND-AKRON-LORAINE	400	100.0	358	89.5	8	2.0	34	8.5
DALLAS-FORT WORTH	211	100.0	197	93.4	1	.5	13	6.2
DENVER-BOULDER	153	100.0	134	87.6	3	2.0	16	10.5
DETROIT-ANN ARBOR	572	100.0	455	79.5	28	4.9	89	15.6
HOUSTON-GALVESTON-BROZONA	237	100.0	222	93.7	5	2.1	10	4.2
LA-ANAHEIM-RIVERSIDE	694	100.0	564	81.3	32	4.6	98	14.1
MIAMI-FORT LAUDERDALE	109	100.0	94	86.2	3	2.8	12	11.0
MILWAUKEE-RACINE	164	100.0	140	85.4	3	1.8	21	12.8
NEW YORK-NEW JERSEY	1,232	100.0	1,101	89.4	31	2.5	100	8.1
PHILA-WILMINGTON-TRENTON	898	100.0	760	84.6	19	2.1	119	13.3
PITTSBURGH-BEAVER VALLEY	462	100.0	441	95.5	7	1.5	14	3.0
PORTLAND-VANCOUVER	151	100.0	125	82.8	1	.7	25	16.6
SF-OAKLAND-SAN JOSE	399	100.0	239	59.9	12	3.0	148	37.1
SEATTLE-TACOMA	202	100.0	158	78.2	8	4.0	36	17.8

Table 6: Newly Licensed Nurses by CMSA and Activity Status

A large majority (84.3%) of new RNs in CMSAs are employed full-time and an additional 13% are working part-time, 20 hours or more a week. Newly licensed nurses in San Francisco are *least* likely to work full-time and new RNs in Pittsburgh are *most* likely to work full-time.

Table CMSA-7
REASON FOR CHOOSING CURRENT POSITION AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		PRIOR EXPERIENCE		SALARY BENEFITS		REPUTATION OF INSTITUTION		LOCATION		CHOSEN SPECIALTY		SHIFT/HOURS		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	7,846	28.0	2,195	11.9	934	15.9	1,250	12.6	991	32.2	2,527	2.5	198	5.6	443
BOSTON-LAWRENCE-SALEM	100.0	403	30.5	123	13.4	54	19.6	79	11.7	47	26.6	107	1.7	7	5.2	21
BUFFALO-NIAGARA FALLS	100.0	199	34.2	68	11.6	23	13.1	26	16.1	32	28.1	56	2.5	5	4.0	8
CHICAGO-GARY-LAKE CO	100.0	708	28.7	203	12.4	88	16.5	117	14.3	101	26.6	188	2.4	17	5.8	41
CINCINNATI-HAMILTON	100.0	247	34.4	85	10.1	25	10.5	26	10.5	26	35.6	88	2.0	5	5.7	14
CLEVELAND-AKRON-LORAINE	100.0	431	31.1	134	11.1	48	14.6	63	10.7	46	33.9	146	3.2	14	8.1	35
DALLAS-FORT WORTH	100.0	232	19.8	46	9.1	21	13.4	31	9.9	23	46.6	108	3.0	7	4.3	10
DENVER-BOULDER	100.0	160	20.0	32	12.5	20	18.8	30	6.9	11	38.1	61	3.1	5	8.7	15
DETROIT-ANN ARBOR	100.0	603	34.5	208	10.3	62	11.6	70	11.4	[illegible]	32.3	195	3.2	19	4.0	24
HOUSTON-GALVESTON-BROZONA	100.0	248	21.4	53	11.3	28	12.1	30	14.5	36	37.1	92	2.4	6	5.2	13
LA-ANAHEIM-RIVERSIDE	100.0	748	24.5	183	13.0	97	16.4	123	12.4	93	36.5	273	2.4	18	6.1	46
MIAMI-FORT LAUDERDALE	100.0	119	30.3	36	12.6	15	11.8	14	12.6	15	31.9	38	5.0	6	7.6	9
MILWAUKEE-RACINE	100.0	172	24.4	42	13.4	23	12.2	21	7.0	12	37.8	65	4.7	8	5.2	9
NEW YORK-NEW JERSEY	100.0	1,324	28.5	378	11.2	148	18.1	239	14.7	194	28.9	382	2.6	34	5.4	72
PHILA-WILMINGTON-TRENTON	100.0	967	27.9	270	11.0	106	16.4	159	12.6	122	32.1	310	2.5	24	5.9	57
PITTSBURGH-BEAVER VALLEY	100.0	484	28.1	136	15.1	73	11.6	56	15.5	75	29.5	143	1.0	5	4.5	22
PORTLAND-VANCOUVER	100.0	162	21.6	35	17.9	29	19.1	31	11.1	18	33.3	54	3.1	5	9.3	15
SF-OAKLAND-SAN JOSE	100.0	428	22.9	98	12.1	52	25.0	107	12.4	53	34.3	147	1.4	6	4.9	21
SEATTLE-TACOMA	100.0	211	30.8	65	10.4	22	13.3	28	8.5	18	35.1	74	3.3	7	5.7	12

Table 7: Reason for Choosing Current Position among Newly Licensed Nurses by CMSA

The primary factor influencing newly licensed nurses in choosing their current position is "opportunity to work in chosen specialty." "Prior experience in the institution" ranked second among the considerations for choosing their current job and "reputation of the institution" ranked third. These three factors head the list in all CMSAs except Buffalo, Cincinnati, Detroit, and Houston where "location" ranked among the top three. In Miami "salary/benefits" outranked "opportunity to work in chosen specialty."

Table CMSA-8
PERCEIVED QUALITY OF ORIENTATION AMONG NEWLY LICENSED NURSES BY CMSA

	EVALUATION OF EMPLOYMENT ORIENTATION											
	TOTAL		EXCELLENT		VERY GOOD		GOOD		FAIR		POOR	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,276	100.0	1,608	22.1	2,179	29.9	1937	26.6	1,008	13.9	399	5.5
BOSTON-LAWRENCE-SALEM	375	100.0	93	24.8	103	27.5	100	26.7	56	14.9	15	4.0
BUFFALO-NIAGARA FALLS	185	100.0	27	14.6	64	34.6	54	29.2	25	13.5	13	7.0
CHICAGO-GARY-LAKE CO	639	100.0	139	21.8	182	28.5	181	28.3	91	14.2	42	6.6
CINCINNATI-HAMILTON	237	100.0	48	20.3	80	33.8	62	26.2	28	11.8	9	3.8
CLEVELAND-AKRON-LORAINE	396	100.0	76	19.2	106	26.8	117	29.5	69	17.4	26	6.6
DALLAS-FORT WORTH	208	100.0	53	25.5	51	24.5	48	23.1	24	11.5	19	9.1
DENVER-BOULDER	153	100.0	51	33.3	43	28.1	36	23.5	13	8.5	8	5.2
DETROIT-ANN ARBOR	568	100.0	125	22.0	167	29.4	158	27.8	89	15.7	18	3.2
HOUSTON-GALVESTON-BROZONA	235	100.0	42	17.9	68	28.9	59	25.1	39	16.6	14	6.0
LA-ANAHEIM-RIVERSIDE	687	100.0	143	20.8	196	28.5	180	26.2	109	15.9	41	6.0
MIAMI-FORT LAUDERDALE	109	100.0	25	22.9	29	26.6	33	30.3	17	15.6	3	2.8
MILWAUKEE-RACINE	164	100.0	39	23.8	63	38.4	34	20.7	22	13.4	3	1.8
NEW YORK-NEW JERSEY	1,228	100.0	239	19.5	349	28.4	377	30.7	174	14.2	61	5.0
PHILA-WILMINGTON-TRENTON	891	100.0	191	21.4	298	33.4	224	25.1	107	12.0	63	7.1
PITTSBURGH-BEAVER VALLEY	461	100.0	112	24.3	131	28.4	120	26.0	65	14.1	30	6.5
PORTLAND-VANCOUVER	148	100.0	42	28.4	48	32.4	42	28.4	13	8.8	2	1.4
SF-OAKLAND-SAN JOSE	392	100.0	113	28.8	130	33.2	79	20.2	39	9.9	18	4.6
SEATTLE-TACOMA	200	100.0	50	25.0	71	35.5	33	16.5	28	14.0	14	7.0

Table 8: [illegible]rceived Quality of Orientation among Newly Licensed Nurses by CMSA

Over half o[illegible]he new RNs in CMSAs stated that their orientation was very good or excellent. An additional 26.6% felt their orientation was good. Two percent state they had no orientation at all. Newly licensed nurses in San Francisco and Milwaukee were *more* likely to state that their orientation was very good/excellent whereas those in New York and Cleveland were *less* likely to respond so.

Table CMSA-9
NUMBER OF NURSING JOBS SINCE GRADUATION BY CMSA

			NUMBER OF JOBS SINCE RN LICENSURE							
	TOTAL		FIRST		SECOND		THIRD		FOURTH OR MORE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,342	100.0	5,981	81.5	1,158	15.8	148	2.0	55	.7
METROPOLITAN AREA										
BOSTON-LAWRENCE-SALEM	380	100.0	319	83.9	53	13.9	7	1.8	1	.3
BUFFALO-NIAGARA FALLS	185	100.0	157	84.9	22	11.9	4	2.2	2	1.1
CHICAGO-GARY-LAKE CO	646	100.0	522	80.8	105	16.3	15	2.3	4	.6
CINCINNATI-HAMILTON	238	100.0	188	79.0	42	17.6	8	3.4		
CLEVELAND-AKRON-LORAINE	400	100.0	323	80.7	67	16.7	5	1.2	5	1.2
DALLAS-FORT WORTH	210	100.0	160	76.2	42	20.0	5	2.4	3	1.4
DENVER-BOULDER	154	100.0	120	77.9	28	18.2	5	3.2	1	6
DETROIT-ANN ARBOR	571	100.0	456	79.9	91	15.9	17	3.0	7	1.2
HOUSTON-GALVESTON-BROZONA	236	100.0	172	72.9	53	22.5	7	3.0	4	1.7
LA-ANAHEIM-RIVERSIDE	695	100.0	556	80.0	115	16.5	17	2.4	7	1.0
MIAMI-FORT LAUDERDALE	108	100.0	91	84.3	15	13.9	2	1.9		
MILWAUKEE-RACINE	164	100.0	129	78.7	29	17.7	4	2.4	2	1.2
NEW YORK-NEW JERSEY	1,236	100.0	1,038	84.0	176	14.2	17	1.4	5	4
PHILA-WILMINGTON-TRENTON	900	100.0	750	83.3	140	15.6	8	9	2	2
PITTSBURGH-BEAVER VALLEY	463	100.0	382	82.5	64	13.8	14	3.0	3	6
PORTLAND-VANCOUVER	151	100.0	126	83.4	17	11.3	5	3.3	3	2.0
SF-OAKLAND-SAN JOSE	402	100.0	330	82.1	66	16.4	3	7	3	7
SEATTLE-TACOMA	203	100.0	162	79.8	33	16.3	5	2.5	3	1.5

Table 9: Number of Nursing Jobs Since Graduation by CMSA

After almost one year in the work force, over 80% of newly licensed nurses were still working at their first nursing job. This suggests satisfaction with current employment conditions. Newly licensed nurses in Buffalo and New York City appear to be most stable in their first positions and new RNs in Houston are more likely to be working in their second job since graduation.

Table CMSA-10
EMPLOYMENT SATISFACTION AMONG NEWLY LICENSED NURSES BY CMSA

	TOT		SATISFIED		UNSATISFIED	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	6,938	78.0	5,409	22.0	1,529
BOSTON-LAWRENCE-SALEM	100.0	358	81.3	291	18.7	67
BUFFALO-NIAGARA FALLS	100.0	174	70.7	123	29.3	51
CHICAGO-GARY-LAKE CO	100.0	621	74.7	464	25.3	157
CINCINNATI-HAMILTON	100.0	227	77.5	176	22.5	51
CLEVELAND-AKRON-LORAINE	100.0	384	80.2	308	19.8	76
DALLAS-FORT WORTH	100.0	197	85.3	168	14.7	29
DENVER-BOULDER	100.0	142	84.5	120	15.5	22
DETROIT-ANN ARBOR	100.0	550	76.2	419	23.8	131
HOUSTON-GALVESTON-BROZONA	100.0	227	77.5	176	22.5	51
LA-ANAHEIM-RIVERSIDE	100.0	649	74.6	484	25.4	165
MIAMI-FORT LAUDERDALE	100.0	98	75.5	74	24.5	24
MILWAUKEE-RACINE	100.0	152	82.2	125	17.8	27
NEW YORK-NEW JERSEY	100.0	1,164	76.5	891	23.5	273
PHILA-WILMINGTON-TRENTON	100.0	839	78.9	662	21.1	177
PITTSBURGH-BEAVER VALLEY	100.0	439	72.2	317	27.8	122
PORTLAND-VANCOUVER	100.0	146	89.0	130	11.0	16
SF-OAKLAND-SAN JOSE	100.0	381	84.3	321	15.7	60
SEATTLE-TACOMA	100.0	190	84.2	160	15.8	30

Table 10: Employment Satisfaction among Newly Licensed Nurses by CMSA

Of all new RNs working in CMSAs, 78% are satisfied in their current position. RNs are most satisfied in Portland and least satisfied in Buffalo.

Table CMSA-11
MAIN REASON FOR EMPLOYMENT SATISFACTION OF NEWLY LICENSED NURSES BY CMSA

			REASONS FOR SATISFACTION											
	TOTAL		SALARY/BENEFITS		OPPORTUNITY FOR ADVANCEMENT		OPPORTUNITY FOR CONTINUING EDUCATION		WORKING IN DESIRED SPECIALTY		HOURS/SCHEDULE		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	5,409	24.6	1,328	11.4	617	13.8	749	48.0	2,595	22.1	1,194	5.7	310
BOSTON-LAWRENCE-SALEM	100.0	291	29.6	86	15.8	46	12.7	37	38.8	113	17.2	50	7.9	23
BUFFALO-NIAGARA FALLS	100.0	123	22.8	28	10.6	13	12.2	15	49.6	61	19.5	24	4.1	5
CHICAGO-GARY-LAKE CO	100.0	464	20.0	93	10.6	49	13.1	61	43.5	202	23.5	109	7.1	33
CINCINNATI-HAMILTON	100.0	176	15.3	27	8.5	15	11.4	20	63.6	112	21.6	38	4.0	7
CLEVELAND-AKRON-LORAINE	100.0	308	27.6	85	8.8	27	11.4	35	48.4	149	20.8	64	3.9	12
DALLAS-FORT WORTH	100.0	168	17.3	29	8.9	15	15.5	26	58.9	99	24.4	41	3.6	6
DENVER-BOULDER	100.0	120	16.7	20	10.0	12	12.5	15	52.5	63	22.5	27	5.8	7
DETROIT-ANN ARBOR	100.0	419	20.3	85	8.6	36	10.0	42	51.8	217	23.2	97	5.0	21
HOUSTON-GALVESTON-BRAZORIA	100.0	176	21.6	38	13.1	23	13.1	23	51.1	90	25.0	44	3.4	6
LA-ANAHEIM-RIVERSIDE	100.0	484	25.2	122	14.3	69	14.3	69	49.6	240	23.3	113	7.2	35
MIAMI-FORT LAUDERDALE	100.0	74	25.7	19	17.6	13	21.6	16	41.9	31	21.6	16	4.1	3
MILWAUKEE-RACINE	100.0	125	20.8	26	8.0	10	12.0	15	51.2	64	20.8	26	8.8	11
NEW YORK-NEW JERSEY	100.0	891	28.8	257	12.0	107	15.7	140	44.7	398	25.1	224	4.8	43
PHILA-WILMINGTON-TRENTON	100.0	662	24.3	161	9.5	63	15.9	105	46.5	308	22.8	151	4.7	31
PITTSBURGH-BEAVER VALLEY	100.0	317	27.1	86	13.6	43	13.6	43	45.4	144	16.1	51	3.5	11
PORTLAND-VANCOUVER	100.0	130	26.2	34	11.5	15	13.1	17	46.2	60	18.5	24	12.3	16
SF-OAKLAND-SAN JOSE	100.0	321	29.3	94	15.0	48	15.9	51	51.4	165	19.3	62	7.8	25
SEATTLE-TACOMA	100.0	160	23.7	38	8.1	13	11.9	19	49.4	79	20.6	33	9.4	15

Table 11: Main Reason for Employment Satisfaction of Newly Licensed Nurses by CMSA

New RNs in CMSAs cite "opportunity to work in desired specialty" as the primary source of satisfaction with their current position. "Salary/benefits" and "flexible hours/schedule" rank second and third among newly licensed nurses employed in metropolitan areas. Interestingly, "opportunity for continuing education" ranks third in Miami.

Table CMSA-12
MAIN REASON FOR EMPLOYMENT DISSATISFACTION OF NEWLY LICENSED NURSES BY CMSA

			REASONS FOR DISSATISFACTION									
	TOTAL		INADEQUATE SALARY		POOR WORKING CONDITIONS		UNSATISFYING STAFF RELATIONS		SKILLS UNDERUTILIZED		OTHER	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
GRAND TOTAL	100.0	1,529	29.2	447	48.3	739	28.0	428	10.4	159	14.9	228
BOSTON-LAWRENCE-SALEM	100.0	67	22.4	15	52.2	35	23.9	16	19.4	13	16.4	11
BUFFALO-NIAGARA FALLS	100.0	51	31.4	16	52.9	27	31.4	16	9.8	5	13.7	7
CHICAGO-GARY-LAKE CO	100.0	157	39.5	62	47.1	74	24.8	39	5.1	8	14.6	23
CINCINNATI-HAMILTON	100.0	51	37.3	19	31.4	16	25.5	13	13.7	7	7.8	4
CLEVELAND-AKRON-LORAINE	100.0	76	23.7	18	50.0	38	27.6	21	9.2	7	15.8	12
DALLAS-FORT WORTH	100.0	29	37.9	11	55.2	16	20.7	6	13.8	4	6.9	2
DENVER-BOULDER	100.0	22	22.7	5	54.5	12	18.2	4	13.6	3	13.6	3
DETROIT-ANN ARBOR	100.0	137	35.9	47	40.5	53	34.4	45	7.6	10	16.8	22
HOUSTON-GALVESTON-BROZONA	100.0	51	43.1	22	37.3	19	17.6	9	7.8	4	19.6	10
LA-ANAHEIM-RIVERSIDE	100.0	165	34.5	57	49.1	81	27.3	45	10.9	18	17.6	29
MIAMI-FORT LAUDERDALE	100.0	24	25.0	6	58.3	14	16.7	4	4.2	1	16.7	4
MILWAUKEE-RACINE	100.0	27	44.4	12	29.6	8	25.9	7	3.7	1	18.5	5
NEW YORK-NEW JERSEY	100.0	273	23.4	64	50.9	139	34.8	95	15.0	41	11.0	30
PHILA-WILMINGTON-TRENTON	100.0	177	16.9	30	47.5	84	27.7	49	9.0	16	19.2	34
PITTSBURGH-BEAVER VALLEY	100.0	122	28.7	35	52.5	64	31.1	38	5.7	7	13.1	16
PORTLAND-VANCOUVER	100.0	16	18.8	3	68.8	11	6.3	1	37.5	6	12.5	2
SF-OAKLAND-SAN JOSE	100.0	60	28.3	17	58.3	35	20.0	12	10.0	6	16.7	10
SEATTLE-TACOMA	100.0	30	26.7	8	43.3	13	26.7	8	6.7	2	13.3	4

Table 12: Main Reason For Employment Dissatisfaction of Newly Licensed Nurses by CMSA

Newly licensed nurses stating dissatisfaction with their current position cite "poor working conditions" (forced rotation, poor scheduling, etc.) as the primary source of their discontent. "Inadequate salary" and "unsatisfying staff relations" ranked second and third. All CMSAs followed the same general pattern except Cincinnati and Houston where "inadequate salary" ranked first and Portland where "skills underutilized" placed third.

Table CMSA-13

RACIAL – ETHNIC BACKGROUND OF NEWLY LICENSED NURSES BY CMSA

	TOTAL		WHITE		BLACK		HISPANIC		ASIAN		AMERICAN INDIAN	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	6,311	87.0	457	6.3	255	3.5	211	2.9	22	.3
BOSTON-LAWRENCE-SALEM	370	100.0	354	95.7	10	2.7	2	.5	4	1.1	0	0.0
BUFFALO-NIAGARA FALLS	188	100.0	177	94.1	7	3.7	3	1.6	1	.5	0	0.0
CHICAGO-GARY-LAKE CO	641	100.0	543	84.7	54	8.4	16	2.5	27	4.2	1	.2
CINCINNATI-HAMILTON	239	100.0	229	95.8	5	2.1	1	.4	3	1.3	1	.4
CLEVELAND-AKRON-LORAINE	393	100.0	372	94.7	16	4.1	3	.8	2	.5	0	0.0
DALLAS-FORT WORTH	204	100.0	180	88.2	17	8.3	5	2.5	2	.8	0	0.0
DENVER-BOULDER	149	100.0	139	93.3	4	2.7	5	3.4	1	.7	0	0.0
DETROIT-ANN ARBOR	564	100.0	522	92.6	31	5.5	4	.7	6	1.1	1	.2
HOUSTON-GALVESTON-BROZONA	233	100.0	194	83.3	26	11.2	7	3.0	5	2.1	1	.4
LA-ANAHEIM-RIVERSIDE	685	100.0	490	71.5	38	5.5	90	13.1	62	9.1	5	.7
MIAMI-FORT LAUDERDALE	107	100.0	73	68.2	17	15.9	16	15.0	0	0.0	1	.9
MILWAUKEE-RACINE	162	100.0	147	90.7	11	6.8	1	.6	2	1.2	1	.6
NEW YORK-NEW JERSEY	1,207	100.0	961	79.6	151	12.5	64	5.3	29	2.4	2	.2
PHILA-WILMINGTON-TRENTON	882	100.0	822	93.2	41	4.6	11	1.2	8	.9	0	0.0
PITTSBURGH-BEAVER VALLEY	464	100.0	454	97.8	7	1.5	1	.2	2	.4	0	0.0
PORTLAND-VANCOUVER	153	100.0	141	92.2	1	.7	1	.7	7	4.6	3	2.0
SF-OAKLAND-SAN JOSE	412	100.0	324	78.6	17	4.1	23	5.6	44	10.7	4	1.0
SEATTLE-TACOMA	203	100.0	189	93.1	4	2.0	2	1.0	6	3.0	2	1.0

Table 13: Racial-Ethnic Background of Newly Licensed Nurses by CMSA

Great diversity exists in the racial-ethnic composition of newly licensed nurses in metropolitan areas. Portland, Cincinnati, and Boston are the least diverse and Miami is the most diverse.

Table CMSA-14
MARITAL STATUS OF NEWLY LICENSED NURSES BY CMSA

	TOTAL		NEVER MARRIED		MARRIED		SEPARATED/DIVORCED		WIDOWED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	3,145	43.3	3,218	44.3	840	11.6	53	.7
BOSTON-LAWRENCE-SALEM	370	100.0	205	55.4	128	34.6	34	9.2	3	.8
BUFFALO-NIAGARA FALLS	188	100.0	83	44.1	74	39.4	28	14.9	3	1.6
CHICAGO-GARY-LAKE CO	641	100.0	299	46.6	274	42.7	65	10.1	3	.5
CINCINNATI-HAMILTON	239	100.0	82	34.3	133	55.6	23	9.6	1	.4
CLEVELAND-AKRON-LORAINE	393	100.0	174	44.3	180	45.8	38	9.7	1	.3
DALLAS-FORT WORTH	204	100.0	50	24.5	122	59.8	26	12.7	6	2.9
DENVER-BOULDER	149	100.0	36	24.2	81	54.4	32	21.5	0	0.0
DETROIT-ANN ARBOR	564	100.0	212	37.6	282	50.0	69	12.2	1	.2
HOUSTON-GALVESTON-BROZONA	233	100.0	39	16.7	153	65.7	40	17.2	1	.4
LA-ANAHEIM-RIVERSIDE	685	100.0	236	34.5	348	50.8	96	14.0	5	.7
MIAMI-FORT LAUDERDALE	107	100.0	46	43.0	42	39.3	19	17.8	0	0.0
MILWAUKEE-RACINE	162	100.0	77	47.5	68	42.0	16	9.9	1	.6
NEW YORK-NEW JERSEY	1,207	100.0	644	53.4	439	36.4	115	9.5	9	.7
PHILA-WILMINGTON-TRENTON	882	100.0	446	50.6	345	39.1	84	9.5	7	.8
PITTSBURGH-BEAVER VALLEY	464	100.0	243	52.4	163	35.1	54	11.6	4	.9
PORTLAND-VANCOUVER	153	100.0	49	32.0	77	50.3	26	17.0	1	.7
SF-OAKLAND-SAN JOSE	412	100.0	162	39.3	196	47.6	51	12.4	3	.7
SEATTLE-TACOMA	203	100.0	62	30.5	113	55.7	24	11.8	4	2.0

Table 14: Marital Status of Newly Licensed Nurses by CMSA

CMSAs can be divided into three major categories: (1) those where the "never married" prevail (Boston, New York, Philadelphia, Pittsburgh), (2) those where the "married" dominate (Cincinnati, Dallas, Boulder, Detroit, Houston, Los Angeles, Portland, San Francisco, and Seattle), and (3) those where almost equal proportions of married and singles reside (Buffalo, Chicago, Cleveland, Miami, Milwaukee).

Table CMSA-15
PRESENCE OF CHILDREN AMONG NEWLY LICENSED NURSES BY CMSA

	TOTAL		HAS CHILDREN		HAS NO CHILDREN	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GRAND TOTAL	7,256	100.0	2,806	38.7	4,450	61.3
BOSTON-LAWRENCE-SALEM	370	100.0	107	28.9	263	71.1
BUFFALO-NIAGARA FALLS	188	100.0	69	36.7	119	63.3
CHICAGO-GARY-LAKE CO	641	100.0	241	37.6	400	62.4
CINCINNATI-HAMILTON	239	100.0	109	45.6	130	54.4
CLEVELAND-AKRON-LORAINE	393	100.0	140	35.6	253	64.4
DALLAS-FORT WORTH	204	100.0	91	44.6	113	55.4
DENVER-BOULDER	149	100.0	76	51.0	73	49.0
DETROIT-ANN ARBOR	564	100.0	233	41.3	331	58.7
HOUSTON-GALVESTON-BROZONA	233	100.0	138	59.2	95	40.8
LA-ANAHEIM-RIVERSIDE	685	100.0	312	45.5	373	54.5
MIAMI-FORT LAUDERDALE	107	100.0	35	32.7	72	67.3
MILWAUKEE-RACINE	162	100.0	57	35.2	105	64.8
NEW YORK-NEW JERSEY	1,207	100.0	411	34.1	796	65.9
PHILA-WILMINGTON-TRENTON	882	100.0	311	35.3	571	64.7
PITTSBURGH-BEAVER VALLEY	464	100.0	159	34.3	305	65.7
PORTLAND-VANCOUVER	153	100.0	61	39.9	92	60.1
SF-OAKLAND-SAN JOSE	412	100.0	165	40.0	247	60.0
SEATTLE-TACOMA	203	100.0	91	44.8	112	55.2

Table 15: Presence of Dependent Children Among Newly Licensed Nurses by CMSA

In most CMSAs, a larger proportion of new RNs have no dependent children living at home. In Cincinnati, Denver, Los Angeles and Seattle, the proportion of new RNs with and without dependent children at home is about equal.

Table CMSA-16
AGE OF NEWLY LICENSED NURSES BY METROPOLITAN AREA OF RESIDENCE

	NUMBER	MEAN AGE	STD DEV
GRAND TOTAL	14,335	31.4	8.09
METROPOLITAN AREA			
BOSTON-LAWRENCE-SALEM	387	29.6	7.53
BUFFALO-NIAGARA FALLS	188	29.9	7.57
CHICAGO-GARY-LAKE CO	655	30.0	7.92
CINCINNATI-HAMILTON	244	31.3	8.30
CLEVELAND-AKRON-LORAINE	405	30.8	7.99
DALLAS-FORT WORTH	208	32.5	8.44
DENVER-BOULDER	153	32.2	7.58
DETROIT-ANN ARBOR	574	31.1	7.92
HOUSTON-GALVESTON-BROZONA	239	34.2	7.73
LA-ANAHEIM-RIVERSIDE	702	31.8	7.74
MIAMI-FORT LAUDERDALE	107	29.7	7.57
MILWAUKEE-RACINE	165	29.6	6.93
NEW YORK-NEW JERSEY	1.237	29.9	8.06
PHILA-WILMINGTON-TRENTON	902	29.1	7.39
PITTSBURGH-BEAVER VALLEY	466	30.0	8.10
PORTLAND-VANCOUVER	153	32.5	8.00
SF-OAKLAND-SAN JOSE	416	32.3	7.63
SEATTLE-TACOMA	207	31.5	7.00
NON-METROPOLITAN AREAS	6.927	32.2	8.23

Table 16: Age of Newly Licensed Nurses by CMSA

The average age of newly licensed nurses in metropolitan areas is 31. The mean age is lowest in Philadelphia, Boston, Miami, and Milwaukee. On average, new RNs are oldest in Houston with a mean age of over 34.

Table CMSA-17
MEAN FULL-TIME SALARIES OF NEWLY LICENSED NURSES BY CMSA

	SALARY	
	MEAN SALARY	STD DEV
GRAND TOTAL	$23,504.3	$ 9,213
METROPOLITAN AREA		
BOSTON-LAWRENCE-SALEM	26,830.8	9,995
BUFFALO-NIAGARA FALLS	21,504.1	8,192
CHICAGO-GARY-LAKE CO	23,211.1	8,194
CINCINNATI-HAMILTON	21,052.0	8,626
CLEVELAND-AKRON-LORAINE	24,082.8	8,641
DALLAS-FORT WORTH	23,872.6	9,519
DENVER-BOULDER	23,059.0	7,541
DETROIT-ANN ARBOR	23,848.4	9,131
HOUSTON-GALVESTON-BROZONA	24,249.6	8,950
LA-ANAHEIM-RIVERSIDE	27,499.1	11,054
MIAMI-FORT LAUDERDALE	25,612.8	8,536
MILWAUKEE-RACINE	21,585.4	7,555
NEW YORK-NEW JERSEY	29,168.3	10,363
PHILA-WILMINGTON-TRENTON	26,911.0	9,218
PITTSBURGH-BEAVER VALLEY	23,571.5	7,651
PORTLAND-VANCOUVER	22,875.1	9,147
SF-OAKLAND-SAN JOSE	27,137.5	12,012
SEATTLE-TACOMA	21,702.6	8,705
NON-METROPOLITAN AREAS	21,391.5	8,011

Table 17: Mean Full-Time Salaries of Newly Licensed Nurses by CMSA

The highest average full-time salaries among newly licensed nurses residing in cities are found in the New York City metropolitan area and the San Francisco Bay area. The lowest average salaries are found in Buffalo and Seattle. Salaries of new RNs living in non-metropolitan areas are considerably lower than those of their urban counterparts.

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